GRADUATE SCHOOL OF ARTS AND SCIENCES
Office of Student Affairs
107 Low Memorial Library

APPLICATION FOR ADVANCED STANDING

Mr.
Ms. _____ CUID No. _____
last first middle
Address: _____ Tel. No. _____
_____

Department _____ First date of Registration _____

I am applying for advanced standing on the basis of Master's work done at _____
name of school
from _____ to _____ Degree Awarded IF ANY: _____
(mo/yr) *(mo/yr)*

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

TO:

With this letter I am enclosing transcripts covering the academic work of the student named above. Please indicate below how much advanced standing you recommend toward the Ph.D. in your department for the courses taken elsewhere. This office recommends an award of _____ points and _____ residence units.

Please return this memorandum with enclosures.

REMARKS:

Date: _____ _____
for the Graduate School

The department recommends an award of advanced standing as follows:

_____ points and _____ residence units

Date: _____ Signature _____
for the Department

Forms 1:advanced standing
Rev.- 8/2000