

HOWARD UNIVERSITY
Graduate School
Recommendation to Candidacy for the Master's Degree

Information to be completed (Typed) and submitted to the Office of Educational and Research Affairs

- I.**
- A. Department _____
- B. Candidate's Name in Full _____ I. D. No. _____
- C. Candidate's Present Address (including City, State, Zip Code): _____

 email address: _____ Telephone No. _____
- D. Degree Sought _____ E. Expected Date of Graduation _____
- F. Qualifying Examination: Date Passed _____ N/A _____
- G. Foreign Language Requirement: Date Satisfied _____ Date Waived _____ N/A _____
- H. Expository Writing Requirement Satisfied (*Attach Certification Copy*) Date: _____
- I. Graduate Record Examination: Date: _____ Scores: Q _____; A _____; V _____
- J. Approval of Thesis Proposal _____
Signature: Graduate Program Director (on behalf of the Graduate Faculty)
- K. Institutional Review Board (IRB) Approval Date: _____, N/A _____
- L. Responsible Conduct of Research Workshop Satisfied (*Attach Certificate Copy*) Date: _____
- II. Undergraduate Work**
- A. Institution _____
- B. Degree Received _____ Date _____
- III. Previous Graduate Work**
- A. Institution(s) _____
- B. Years in Attendance _____ Degree(s) Received _____ Date(s) _____
- IV. Residence in the Graduate School at Howard University and Grade Point Average (G.P.A.)**
- A. Number of Semesters in Residence in the Master's Degree Program _____
- B. 1. Number of credits earned _____ 2. Number of credits required for the Master's Degree in your department _____

C. Date Originally Admitted to the Master's Degree Program _____

D. Current G.P.A. _____

V. Graduate Program at Howard University

A. List all courses completed within the past five (5) years at Howard University (Including Consortium courses, if any) which will be used toward the Master's degree

CRN-Course No.	Title	Grade	Semester/Yr. Completed	Cr. Hrs.

B. List all courses currently taking

CRN-Course No.	Title	Cr. Hrs.

F. The **Committee Chairperson** and **Thesis Advisor** must hold current membership on the Graduate Faculty

Name	Department	Highest Degree
Committee Chairperson		
Thesis Advisor		
Committee Member		

Signature _____ Date _____
Chair

Signature _____ Date _____
Dean of Parent School/College

VI Recommendation to Candidacy by Major Department

Signature _____ Date _____
Major Adviser

Signature _____ Date _____
Graduate Program Director
(on behalf of the Graduate Faculty)

Signature _____ Date _____
Department Chairperson (Only)

VII. Certification of the Office of Educational and Research Affairs

I certify that the above student has completed all academic requirements and is eligible for admission to candidacy for the master's degree

Signature _____ Date _____
 Constance M. Ellison, Ph.D.
 Associate Dean for Educational and Research Affairs

VIII. Action of the Executive Committee

Admitted to Candidacy by Vote of the Executive Committee

Signature _____ Date _____
 Gary L. Harris, Ph.D.
 Associate Provost for Research and Graduate Studies