Hood College
Master of Arts in the Humanities

DEGREE CANDIDACY FORM

Print Name_________________________________________ Student ID No._____________________________________

Day Phone_________________________________________ Eve. Phone_____________________________________

E-mail Address________________________________________ Street________________________________________ Apt.______________

City, State, ZIP________________________________________

1. Date of first course in the program_________. Date of expiration of seven-year time limit (see catalog)___________.

2. Please indicate courses (6 credit maximum) approved for transfer by the Dean of the Graduate School. **Official transcript(s) and course description(s) or syllabus(i) must be on file in the Graduate School before this form can be submitted.** Indicate the department number, course number, course title, credits earned, date completed, institution and grade(s) earned. Please read the section of the **Hood College Catalog** regarding transfer of credit for full details of the transfer policy.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

3. Put a **CHECKMARK** by the courses listed that you have satisfactorily completed at Hood. **CIRCLE** the courses in which you are currently enrolled or plan to take. Fill in the details where indicated. Place a **“T”** by courses you listed for transfer in section number two (2) above.

<table>
<thead>
<tr>
<th>Seminars (No transfers allowed):</th>
<th>____HUM 501</th>
<th>____HUM 502</th>
</tr>
</thead>
</table>

**Elective Courses:** Place a **“C”** after the four courses that define the concentration

1. ____________________________ 4. ____________________________
2. ____________________________ 5. ____________________________
3. ____________________________ 6. ____________________________

**Capstone:** ____HUM 595 *

* Requires Permission to Enroll Form

4. **CONCENTRATION AGREEMENT FORM:** Please attach the Concentration Agreement Form for review and approval. The Graduate School Office will keep an approved copy for the official student file.

5. **SIGNATURES:** The student is responsible for obtaining signatures from the adviser and department chair before the form is submitted to the Dean. **Do not mail this form to your advisor.** You MUST schedule an appointment with your adviser to complete this form together.

Student_________________________________________ Date____________________

Adviser_________________________________________ Date____________________

Program Director_________________________________________ Date____________________

Dean_________________________________________ Date____________________

Copies: Graduate Office, Adviser and Candidate

OCT 2007