Furman University Graduate Degree
Admission to Candidacy

Name _____________________________ FUID# ______________ Degree Sought ______________
Concentration__________________________________________________________ Date ______________

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Title of Course as Listed in Catalog</th>
<th>Credit Hours</th>
<th>Date Completed or to be Completed</th>
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NOTE: Please attach an unofficial transcript to this form before requesting program coordinator/professor’s signature.

The student has completed the required three courses with a minimum of B (3.0) average and is recommended (by program coordinator or a professor who has taught one of the three completed courses) to continue in the program.

For Program Coordinator/Professor Use Only

Last Name __________________________________________ First Name __________________________
Department ___________________________________________________________________________
Program Coordinator/ Professor Signature ____________________________________________ Date _____________

For Graduate Studies Use Only

Approved: __________________ By: ____________________________
Disapproved: _______________ By: ____________________________
Comments: ____________________________________________
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