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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The student has completed the required three courses with a minimum of B (3.0) average and is recommended to continue in the program.

Student is recommended by program coordinator or a professor who has taught one of your three completed courses.
(please print)

Last Name ______________________________________ First Name _______________________________

Department ____________________________________________________________________________

Program Coordinator/
Professor Signature ___________________________ Date __________________________

For Graduate Studies Use Only

Approved: ___________________________ By: ________________________________________________
Disapproved: _______________________ Date: ____________________________________________

Comments: _________________________________________________________________________
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