## SAN JOSÉ STATE **Petition for Advancement to Graduate Candidacy** Completed form should be emailed to the appropriate GAPE evaluator (see www.sisu.edu/qape/about\_us/staff), submitted to Window G in the Student Services Center, or sent through interoffice mail to extended zip 0017. First Name Jane Doe Last Name 456789123 Student ID Previous Name (if any) City San Jose State CA Current Address 123 Education Drive Zip 95012 (123) 456-7890 example@email.com **Email Address** Daytime Phone **Degree Information** Major Mechanical Engineering Concentration, if applicable \_\_\_ Degree Sought, e.g., MBA MS Means of satisfying Graduation Writing Assessment Requirement: Course Prefix, Catalog No. ENG 201 University where taken San Jose State University Semester/Year GWAR Completed S21 **Proposed Graduate Degree Program** A. Courses (include all SJSU courses taken and those that will be taken for degree credit; leave Grade section blank for current and future classes.) Course Prefix/No. Semester Units Semester/Year Completed Grade ME 136 Design for Manufacturability F20 3 ME 230 Advanced Mechanical Engineering Analysis 3 Α+ F20 3 S21 ME 260 Applied Stress Analysis Α ME 250 Precision Machine Design 3 S21 ME 265 Computer Aided Mechanical Engineering Design 3 A-S22 Finite Element Methods Engineering ME 273 3 Α S22 ME 284 Sensor Technology and Principles 3 F22 ME 280 Automatic Control Engineering 3 S23 ME295A Mechanical Engineering Project 3 F22 **B. Culminating Experience** Course Prefix/Catalog No. (e.g., MAS 203) **Total Units** Grade Semester/Year Completed Check box if applicable and then fill out corresponding row 299 Thesis (Plan A)/Creative Work (Plan C) 3 Last completed project or comprehensive exam-preparation course (plan B) Type Semester/Year Completed Other Culminating Experiences 1) Other culminating experience 2) Other culminating experience Course Prefix/Catalog No. (e.g., MAS 203) Total Units Grade Semester/Year Completed 599 Dissertation Transfer Courses Course Prefix/No. Title Semester Units Grade Semester/Year Completed Units Sub. for SJSU Course Α В C Sub. for SJSU Course Total Sub. for SJSU Course **Required Signatures** For Official Use Only Student Date 05/16/22 Signature (certifies accuracy of the information provided) The signatures below indicate approval. Project or Thesis Advisor (if required by your department) Name Signature Department Grad Advisor (Grad Coordinator) Signature Date Name **GAPE** Evaluator

Date

) Denied

Name

) Approved