



## Advancement to Candidacy (ATC) Form

### **Instructions for Completing ATC Form Form Begins on Page 2**

#### **FORM MUST BE TYPED**

This form must be typed.

After completion of 18 units and prior to the semester of enrolling in your Culminating Experience course you must submit your ATC form.

The ATC form acts as your contract between you, your department, and the university. The ATC lists the specific requirements you must complete before your degree can be awarded. Once the ATC is approved, you are advanced to candidacy and classified standing. The ATC is a permanent record of your completed and planned course work as well as other requirements necessary for you to complete your degree. The ATC form must be approved by Graduate Studies before enrolling in and beginning research for the culminating experience course.

Type and print out the form and obtain the required signatures (graduate advisor and department chair or graduate coordinator). Handwritten forms will not be accepted. Completed forms should be submitted to GradStop, ADM 250.

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**PLEASE NOTE:** in order save your personal information on the following PDF forms, you will need to:

1. Install latest version of Adobe Acrobat Reader on your computer. Click here for Free Adobe Acrobat Reader: <http://www.adobe.com/products/acrobat/readstep2.html>.
2. Save the PDF form to your computer desktop prior to entering your personal information.

# ADVANCEMENT TO CANDIDACY

**FORM MUST BE TYPED**

Master of Science Major Engineering  
 Concentration or Emphasis (if applicable) Energy Systems

**Student:** Select the correct University Bulletin year you were admitted to the program:

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALL REQUIREMENTS MUST BE COMPLETED ACCORDING TO PROGRAM GUIDELINES OR WITHIN 7 YEARS FROM THE TERM OF ADMISSION TO YOUR GRADUATE PROGRAM  
 CONTINUOUS ENROLLMENT IS REQUIRED AFTER ENROLLMENT IN THE CULMINATING EXPERIENCE**

**Student:** Fill out the following information completely (including the semester and year each course was or will be taken).

Course No.	Course Title	Units Required	Units (to be) completed	Semester & Year	Institution (not SFSU) (transfer units only)*	Grade	In Progress Or To Do
ENGR 800	Engineering Communications	3					
ENGR 801	Engineering Management	3					
ENGR 820	Energy Resources and Sustainability	3					
ENGR 863	Advanced Thermal-Fluids	3					
Units selected on advisement from the following: ENGR 448, 458, 463, 463, 465, 466, 469, 865, 866, 867 or 871		6 - 15					
Non Engineering Electives (either graduate or upper-division, selected primarily from science, mathematics, social science, or business, upon approval of the graduate coordinator)		0 - 6					
One of the following Culminating Experience options		3 - 6					
Option A:							
ENGR 897	Research <b>AND</b>						
ENGR 898	Master's Thesis <i>and</i> Oral Defense <b>OR</b>						
Option B:							
ENGR 895	Applied Research Project <i>and</i> Oral Defense						
<b>Total Units</b>		<b>30 min</b>					

**\*NOTE:** For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.

Additional Degree Requirements: A program cannot contain more than 9 units of courses with course number below 700.

Thesis Receipt **AND**  Report of Completion for Oral Defense DEPARTMENT REQUIREMENTS:  
**OR** Report for Completion for:  895 **AND**  Oral Defense  BUS 541/SCI 614/CHS 514

**Only 30% of units listed on the Advancement to Candidacy may be upper division undergraduate coursework.**

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student has or will have satisfied Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

Course No. \_\_\_\_\_  Written proposal for Culminating Experience  
 Written Component of Culminating Experience  Other, specify \_\_\_\_\_

**GRADUATE ADVISER** (Required): \_\_\_\_\_  
 Type/Print Last Name Signature Date

**GRADUATE COORDINATOR** (Required): \_\_\_\_\_  
 Type/Print Last Name Signature Date

Approved  Not approved  \_\_\_\_\_  
 Dean of the Graduate Division or Designee Date

**Note:** Upon approval of the ATC, read graduate Academic Policies and Procedures section in the Bulletin regarding conditions for maintaining its validity.