DELAWARE STATE UNIVERSITY GRADUATE STUDIES AND RESEARCH

APPLICATION FOR ADVANCEMENT TO CANDIDACY FOR A MASTER'S DEGREE

Student Name:		D#	
Mailing Address:			
Degree Program and Concentration (if applicable	e):		
University Email:	Expected Degi	ree Conferral Date:_	
Pre-Candidacy Requirements:			
Revisions to Plan of Study*:			
Capstone/Culminating Activity: Comprehensive Exam Thesis/Research	n Paper Project/Presen	ntation Oth	er
Applicant Signature:			Date:
Your signature below signifies that the applicant is in gooremoval of incomplete grades and passage of qualifier extopic has been approved by the applicant's Committee. A University regulations and policies. Any revisions to the submitted with this document.*Prescribed time limit is	amination/requirements as noted a additionally, the research undertake Plan of Study should be noted of	bove, and that the thesis en by the applicant adhe on the Plan of Study for	rements including s/paper/project res to all orm and
Committee Chairperson (Print)	(Signature)		Date
Department Chairperson or Designee (Print)	(Signature)		Date
Academic Dean or Designee (Print)	(Signature)		Date
Dean, School of Graduate, Adult and Extended St	udies or Designee		Date

Thesis/Research Paper Plan: Attach a 5 to 10 page planning document containing the following information: **Project Plan**⁺: Attach a 3-5 page planning document containing the following information:

- a. Background and Significance of the Project⁺
- b. Hypothesis or Problem Statement
- c. Specific aims or a summary of theories proposed for this study
- d. A detailed description of research methodology or approach⁺
- Provide a copy of your survey instrument (if applicable) and data collection plan⁺, **
 A time line for completion⁺
 References⁺

^{**}IRB Approval should be acquired prior to submission of this application: If your research plan requires IRB Approval, then please provide a copy of the approval page with this document.