

ADVANCEMENT TO CANDIDACY (ATC)
 Department of Computer Engineering & Computer Science
 College of Engineering
 California State University, Long Beach

Mr
 Ms Name: _____ Student ID#: _____
 Mx (Last) (First) (M.I)

Address: _____ EMAIL: _____
 (Street) (City/State) (Zip Code)

Graduation Option: _____ ATC Effective Date: _____

Expected Graduation Date: _____ 7-yr Rule Date: _____
 (MS start term+7 years)

1. Writing Proficiency Exam Passed: _____ Date: _____ (from GVAR letter) Notes: _____

2. All Prerequisite Courses Completed: _____ List: _____
 (Only if you are CONDITIONAL ADMIT)

3. Undergraduate Degree Program: _____ (University) _____ (Date Completed)

4. Overall GPA: _____
 (Must be 3.0 or better)

5. Indicate your MSCS Program: _____

Enter in the three shaded rows below 9 units of 500-level approved graduate courses and identify the remaining 21 units of your 30-unit MS program in the in seven unshaded rows below.

ATC Courses	Institution	Term/Yr	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade

Courses	Institution	Term/Yr	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade
Course	Institution	Term/Year	Units	Grade

Student: _____ Date: _____
 (Signature)

Graduate Advisor: _____ Date: _____

Department Chair: _____ Date: _____

Associate Dean: _____ Date: _____