Master’s Plan A – Pre-Candidacy Progress (Form I)

Use this form to report the following:

- Selection of or admission into a specialization within the graduate program (if applicable)
- Date of the preliminary conference (initial advising) with the interim academic adviser
- Transfer of credits (if applicable)
- Remedy of all undergraduate deficiencies (if applicable)
- Results of the general or qualifying exam* (if required)
- Results of the first foreign language exam (if required)

* A student who fails the general or qualifying exam (if required) may repeat it once. A student who fails the exam for the second time is dismissed from both the graduate program and the Office of Graduate Education.

Submit this form immediately after results of the general or qualifying exam become available.
Master’s Plan A – Pre-Candidacy Progress (Form I)

Part I. To be completed by the student

Name ________________________________________________________ UH ID No. ____________________________

LAST, FIRST, M.I.

Graduate Program ____________________________________________ Degree Objective ____________________________

INCLUDE SPECIALIZATION IF APPLICABLE.

Part II. To be completed by the graduate chair

Interim Academic Adviser ____________________________ Preliminary Conference ______________ MM/DD/YY

Will the student be transferring credits? ☐ No ☐ Yes (If yes, attach Petition to Transfer Credits.)

Does the student have any deficiencies? ☐ No ☐ Yes (If yes, provide details in the space below.)

<table>
<thead>
<tr>
<th>Deficiency (Course or Skill)</th>
<th>Remedy for Deficiency</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Exam</th>
<th>Not Required</th>
<th>MM/DD/YY</th>
<th>Passed</th>
<th>Failed</th>
</tr>
</thead>
<tbody>
<tr>
<td>General or Qualifying Exam</td>
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<tr>
<td>General or Qualifying Exam (Repeat if failed the first time.)</td>
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<td>Language Requirement (Language: ____________________________)</td>
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</tbody>
</table>

Signature of Graduate Chair ____________________________ Date ______________

GRADUATE EDUCATION ACTION

☐ Approved     ☐ Not Approved By ____________________________ Date ______________

Remarks:__________________________________________

C: Graduate Program