

# Arkansas Tech University Graduate College: Admission to Candidacy (2019-2020)

## Advising Certificate

T# \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Advisor: \_\_\_\_\_ Option: \_\_\_\_\_  
 Email: \_\_\_\_\_ Expected Graduation Term: \_\_\_\_\_ GPA: \_\_\_\_\_

I request permission to transfer the following from another institution (official transcript included):

Course: \_\_\_\_\_ Institution: \_\_\_\_\_ for ATU Course: \_\_\_\_\_  
 Course: \_\_\_\_\_ Institution: \_\_\_\_\_ for ATU Course: \_\_\_\_\_  
 Course: \_\_\_\_\_ Institution: \_\_\_\_\_ for ATU Course: \_\_\_\_\_

I request to substitute the following ATU courses (provide course prefix, number and title):

ATU Course: \_\_\_\_\_ for ATU Course: \_\_\_\_\_  
 ATU Course: \_\_\_\_\_ for ATU Course: \_\_\_\_\_  
 ATU Course: \_\_\_\_\_ for ATU Course: \_\_\_\_\_

Advising Certificate (15 hours)	Grade	Term Completed	Term Anticipated
CSP 6073 Counseling Theories and Helping Skills			
CSP 6153 Advising Student Groups			
CSP 6163 Academic Advising			
CSP 6173 Career Advising			
CSP 6283 Advising Practicum			

This student has completed twelve graduate hours, and is hereby recommended for admission to candidacy. Upon successful completion of all program requirements, the degree will be awarded.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Graduate College: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised November 2, 2018*

Please send signed and completed forms to the Graduate College Tomlinson Ste. 113 or scan and email to [gradcollege@atu.edu](mailto:gradcollege@atu.edu)