Hood College
Master of Arts in the Humanities

DEGREE CANDIDACY FORM

Print Name_________________________________________ Student ID No. ______________________________

Day Phone _______________________________________
Eve. Phone____________________________________

E-mail Address____________________________________________________________________________________

Street ____________________________________________________________________Apt.____________

City, State, ZIP_____________________________________________________________________________________

1. Date of first course in the program_________. Date of expiration of seven-year time limit (see catalog) __________.

2. Please indicate courses (6 credit maximum) approved for transfer by the Dean of the Graduate School. Official transcript(s) and course description(s) or syllabus(i) must be on file in the Graduate School before this form can be submitted. Indicate the department number, course number, course title, credits earned, date completed, institution and grade(s) earned. Please read the section of the Hood College Catalog regarding transfer of credit for full details of the transfer policy.

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

3. Put a CHECKMARK by the courses listed that you have satisfactorily completed at Hood. CIRCLE the courses in which you are currently enrolled or plan to take. Fill in the details where indicated. Place a “T” by courses you listed for transfer in section number two (2) above.

<table>
<thead>
<tr>
<th>Seminars (No transfers allowed):</th>
<th>HUM 501</th>
<th>HUM 502</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elective Courses:</strong> Place a “C” after the four courses that define the concentration</td>
<td>1.</td>
<td>4.</td>
</tr>
<tr>
<td>2.</td>
<td>5.</td>
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<td>3.</td>
<td>6.</td>
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**Capstone:**

<table>
<thead>
<tr>
<th>HUM 595 *</th>
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</table>

* Requires Permission to Enroll Form

4. CONCENTRATION AGREEMENT FORM: Please attach the Concentration Agreement Form for review and approval. The Graduate School Office will keep an approved copy for the official student file.

5. SIGNATURES: The student is responsible for obtaining signatures from the adviser and department chair before the form is submitted to the Dean. Do not mail this form to your advisor. You MUST schedule an appointment with your adviser to complete this form together.

Student_________________________________________ Date__________

Adviser_________________________________________ Date__________

Program Director_________________________________ Date__________

Graduate School__________________________________ Date__________

Copies: Graduate Office, Adviser and Candidate
Hood College
Master of Arts in the Humanities

CONCENTRATION AGREEMENT FORM

Candidate’s Name: __________________________________________________________________

Day Phone: _________________________ Evening Phone: ________________________________

E-mail Address: ____________________________________________________________

Advisor’s Name: ________________________ Extension: ______________________________

Title of Concentration:
___________________________________________________________________________
___________________________________________________________________________

Courses in Concentration (must be a minimum of four courses/12 credit hours; for directed readings, independent
studies, and HUM Colloquium courses, give full course title):

1. _________________________________________________________________________

2. _________________________________________________________________________

3. _________________________________________________________________________

4. _________________________________________________________________________

5. ________________________________________________________________________ (optional)

6. ________________________________________________________________________ (optional)

Action of the Master of Arts in the Humanities Advisory Committee:

_____ ACCEPT Program Director’s Signature: _________________________________

_____ RETURN for reassessment; comments below:

___________________________________________________________________________

___________________________________________________________________________

You will normally hear back from MAHAC by the end of the month in which you submit this proposal.

Copies: Graduate School, Advisor and Candidate