

Winona State University



Supplement to Candidacy

*You may type your information directly onto this form
and forward to your advisor for his/her approval*

Warrior I.D. _____

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Last First M.I. Previous Last Name
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Approval Signatures (or type in name & date):

Faculty Advisor:	Date:
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Return signed form to: School of Graduate Studies at GradOffice@winona.edu