

## REPORT OF COMPLETION OF SPECIFIED GRADUATE PROGRAM REQUIREMENTS

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

University ID # : \_\_\_\_\_

Degree Objective:

<b>OFFICIAL DEGREE TITLE FROM BULLETIN</b>	
A. Master of	_____
B. Major	_____
C. Concentration (if appropriate)	_____
D. Emphasis or option (if appropriate):	_____

**CHECK (as applicable):**

**GRADUATE PROGRAM REQUIREMENTS**  
(requires only the signature of the major adviser  
or college graduate coordinator)

- Met Conditions required to obtain Classified Status as specified at time of admission to program
- 2nd Level Graduate Written English Proficiency
- Examination for Validation of Outdated Course Work (7-year time extension)
- Foreign Language Examination  
Specify: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

**CULMINATING EXPERIENCE REQUIREMENTS**  
(requires signature of all committee members as well as  
the department chair or college graduate coordinator)

- Supervised Field Internship (course 892)  
Abstract required
- Creative Work Project (course 894)  
Abstract required
- Field or Research Project (course 895)  
Abstract required
- Comprehensive Written Examination
- Comprehensive Oral Examination
- Oral Defense of Thesis or Project

**REQUIRED SIGNATURES:** In the case of a culminating experience, the faculty signing should be the same as those listed on the Proposal for Culminating Experience Requirement form filed in the Graduate Division.

This is to certify that the above requirements were:  Completed satisfactorily on \_\_\_\_\_  
DATE

Failed on \_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF COMMITTEE CHAIR/ADVISER (AS APPROPRIATE)

\_\_\_\_\_  
NAME AND ACADEMIC RANK OF CHAIR OR ADVISER

\_\_\_\_\_  
SIGNATURE OF COMMITTEE MEMBER

\_\_\_\_\_  
NAME AND ACADEMIC RANK OF MEMBER

\_\_\_\_\_  
SIGNATURE OF COMMITTEE MEMBER

\_\_\_\_\_  
NAME AND ACADEMIC RANK OF MEMBER

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT CHAIR OR COLLEGE GRADUATE COORDINATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCEPTED BY OFFICE OF GRADUATE DIVISION

\_\_\_\_\_  
DATE