



FINAL REPORT FOR THE MASTER'S DEGREE

STUDENT			
LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID#
ADDRESS	CITY	STATE/ZIP CODE	PHONE NUMBER
MAJOR	E-MAIL ADDRESS		

Degree: M.A. M.S. Master's Plan Option (check one): Plan I (Thesis) Plan II (Comprehensive Exam)

Degree expected to be awarded (check one): Fall Spring Summer Year _____

PROGRAM/SCHOOL: CONFERRAL OF DEGREE	The academic unit is responsible for checking that all program requirements have been satisfied. After all requirements have been fulfilled, this section is to be completed by the academic unit. Please return this form to the Graduate Division.
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Plan I - Date Thesis approved: _____

Plan II - Date Comprehensive Examination passed (**Must attach exam results**): _____

Language requirement (*if applicable*): _____ Date Passed: _____
(Language)

Total number of acceptable units completed for the program: _____

Graduate Cumulative GPA: _____

Program Chair: _____
Signature Date

GRADUATE DIVISION	
Degree conferred: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____	
Dean of Graduate Division _____	_____
Signature	Date