



Final Report for the Master's Degree

STUDENT			
LAST NAME	FIRST NAME	MIDDLE	STUDENT ID#
ADDRESS	CITY	STATE/ZIP	PHONE #
PROGRAM	EMAIL		

Degree Objective: M.S. M.A. M. M. M.S.P.H I have applied to graduate: Yes No

Degree Plan: Opt.1: Thesis Opt. 2: Comp Exam. Opt. 2: Capstone Project Expected Graduation Term: Fall Spring Summer Year:

Select which type of Master's Degree you are obtaining: Terminal Master's Degree Master's Along the Way (MAW)

PROGRAM/ SCHOOL SECTION: The academic unit is responsible for checking that all program requirements have been satisfied. After all requirements have been completed, this section is to be completed by the ACADEMIC UNIT.

Option I: Option - Thesis Approved Date: _____

Option II: Capstone Project Approved Date: _____

Option II: Comprehensive Examination Approved Date: _____

Language Requirement (if applicable) Date Passed: _____

Cumulative Graduate GPA: _____ Units Completed: _____

Advisor Approval: _____

Graduate Group Chair Approval: _____

GRADUATE DIVISION: Submit to Graduate Services (gradservices@ucmerced.edu) upon completion:

Requirements Fulfilled: Advancement to Candidacy Residency Documents Submitted

Degree Conferred: Fall Spring Summer Year: _____

Dean of Graduate Division: _____