

**Graduate School of Public Health
Report on Requirements for Master's Degree***

Name of Student _____ PeopleSoft # _____

Dept/Program _____ Degree _____

Please indicate requirements fulfilled and sign

A.-----

If student was admitted provisionally, has his/her status changed to full? ____ Yes ____ No

(To verify if student met their PROvisions, view the ADMA screen under Checklists in PeopleSoft.) ____ Student was not provisional

Can be signed either by Advisor or Student Services Coordinator: _____

(Type Name)

Students on provisional status are not eligible to take master's examinations.

B.-----

I/we certify that the student has ____ passed ____ failed the following examinations:

*Comprehensive Examination on: _____ **All MS students.**

Must be taken one month prior to the last day of the term in which the degree is to be granted. Students must have full status to take this exam.

*Thesis Defense on: _____ **All students submitting a thesis.**

C.-----

I/we approve the following essay/thesis submitted by the student on: _____ date:

____ Essay OR ____ Thesis

Title: _____

D.-----

Student completed the **Exit Survey** on: _____ date.

(Requirement effective beginning 8/2008 Graduation. Only signature of Student Services Coordinator is required.)

Signature: _____

Type Name: _____

E.-----

I/we certify that the student has completed all the requirements for graduation. _____ date

Signature of Advisor, Program Director, or other authorized dept. representative.

Signature: _____

Faculty Committee Members signatures and Department Chair:

Type Name

1. _____
Thesis Chair OR Essay Advisor Type Name & Department Date

2. _____
Thesis Com Member/Essay Reader Type Name & Department Date

3. _____
Thesis Com Member/Essay Reader Type Name & Department Date

4. _____
Thesis Com Member/Essay Reader Type Name & Department Date

Approved/Signature: _____

Department Chair

Date

Type Name: