

**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: _____

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. (Type name)

Also need signature of Dept Chair below.

Faculty Committee Members: **Please type names below signature**

1. _____
Thesis Chair OR Essay Advisor *Department* *Date*

2. _____
Thesis Committee Member/Essay Reader *Department* *Date*

3. _____
Thesis Committee Member/Essay Reader *Department* *Date*

4. _____
Thesis Committee Member/Essay Reader *Department* *Date*

Approved: _____
Department Chair *Date*