

CENTER FOR GRADUATE STUDIES

REPORT OF THE MASTERS DEGREE ADVISORY COMMITTEE

**Student’s Name:****Student Id:**

Master’s Degree program:       Specialization (if applicable):

Graduate minor (if applicable)       (Attach minor form)

**Catalog Year** to be used for completion of graduate degree requirements:

**Undergrad B.S. Degree (Major)**

**Course**

**Deficiencies:** Courses taken to satisfy deficiencies in undergraduate preparation (these classes **do not** count towards the graduate degree): Enter course #, credits and semester.

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| Dept. (e.g. CSE) | Course # (e.g. 353) | **Course title** | Credits | Semester **(taken/planned)** | Leave blank |
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**Course Program** (Enter course #, credits & semester; place X by your 6 credits of out of department courses)

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| Dept. (e.g. CSE) | Course # (e.g. 353) | **Course title** | Credits | Semester **(taken/planned)** | **X** | **Leave blank** |
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Academic Advisor's Acceptance Date:

Committee Members (initial)

Graduate Dean Date:

**II. Thesis**  or **Independent Study** 

Title:

Defense/Independent Study Report Pass  Fail 

Written report of the defense (copy to student, chair and dean) Date:

Research Advisor's Acceptance Date:

Committee Members (initial)

**III. All Requirements Completed**:

Department Chairperson Date:

**IV. Digital copies**

1. **With Thesis**

##### Digital Thesis/Dissertation: Submitted: yes  no  Initials:

##### Accepted: yes  no  Initials:

1. **With Independent Study**

**Digital Abstract:** **Submitted**: yes  no  Initials:

**Accepted**: yes  no  Initials:

**V. Written Report of the Advisory Committee:**

Received by