CENTER FOR GRADUATE STUDIES
REPORT OF THE MASTERS DEGREE ADVISORY COMMITTEE

Student's Name: ____________________________ ID#: __________________

B.S. Degree (Major) ____________________________________________________

I. Course Program (course #, credits and semester; place an asterisk* by your 6 credits of outside coursework)

Courses taken to satisfy deficiencies in undergraduate preparation (these classes do not count towards the graduate degree):

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<th>Dept.</th>
<th>Course #</th>
<th>Course title</th>
<th>Credits</th>
<th>Semester (taken/planned)</th>
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Courses counting to NMT masters degree (do not include classes that do not count towards this degree or those that you wish to reserve for a subsequent graduate degree):

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<th>Course title</th>
<th>Credits</th>
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List Catalog year to be used for completion of degree requirements: __________________________

Degree program: __________________________ Option (if applicable): _______________________  
Graduate minor (if applicable) __________________________ (Attach minor form)

Academic Advisor's Acceptance __________________________ Date: __________________

Committee Members (initial) ___________________________________________________

Graduate Dean __________________________________________________________ Date: ____________

Return to Center for Graduate Studies After Each Entry

1/15/2015
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

a) With Thesis

Accepted: yes ☐ no ☐ Initials: ________________

b) With Independent Study

Digital Abstract: Submitted: yes ☐ no ☐ Initials: ________________
Accepted: yes ☐ no ☐ Initials: ________________

V. Written Report of the Advisory Committee:

Received by ________________________________ Date: ____________________