CENTER FOR GRADUATE STUDIES
REPORT OF THE MASTERS DEGREE ADVISORY COMMITTEE

Student's Name: ____________________________________________________________
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):

<table>
<thead>
<tr>
<th>Dept. (e.g. CSE)</th>
<th>Course # (e.g. 353)</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>Dept. (e.g. CSE)</th>
<th>Course # (e.g. 353)</th>
<th>Course title</th>
<th>Credits</th>
<th>Semester (taken/planned)</th>
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List Catalog year to be used for completion of degree requirements: ________________________________

Degree program: __________________ Specialization (if applicable): ____________________________

Graduate minor (if applicable) ___________________________ (Attach minor form)

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

a) With Thesis

Digital Thesis/Dissertation: Submitted: yes ☐ no ☐

Initials: _________________

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: __________________________