

**REPORT OF COMPLETION
OF SPECIFIED GRADUATE PROGRAM REQUIREMENTS**

Degree Objective: Master of _____	Major _____
Concentration (if applicable): _____	Emphasis (if applicable): _____

Name: _____	Student ID: _____
Address: _____	Phone(s): _____
City/State/Zip: _____	E-mail: _____

Check as applicable:

GRADUATE PROGRAM REQUIREMENTS

(requires only the signature of major advisor or graduate coordinator)

- Met conditions required to obtain Classified Status as specified at time of admission to program
- Examination for validation of outdated coursework (7-year Extension)
- Foreign Language Examination (specify):

- Other (specify): _____

CULMINATING EXPERIENCE REQUIREMENTS

(requires signatures of all committee members as well as department chair or graduate coordinator)

- Supervised Field Internship (892) – *abstract required*
- Creative Work Project (894) – *abstract required*
- Field or Research Project (895) – *abstract required*
- Seminar on Field Studies (EED 890)
- Comprehensive Written Examination
- Comprehensive Oral Examination
- Oral Defense of Thesis or Project

REQUIRED SIGNATURES: In the case of culminating experience requirements, the faculty signing should be the same as those listed on the Proposal for Culminating Experience Requirement form filed in the Division of Graduate Studies.

This is to certify that the above requirements were: Completed satisfactorily on _____ Date
 Failed on _____ Date

Signature of Committee Chair/Advisor (as appropriate)

PRINTED Name and academic rank

Signature of Committee Member

PRINTED Name and academic rank

Signature of Committee Member

PRINTED Name and academic rank

Signature of Department Chair or Graduate Coordinator

PRINTED Name

Date

Accepted by Division of Graduate Studies

Date