

CENTER FOR GRADUATE STUDIES REPORT OF THE MASTERS DEGREE ADVISORY COMMITTEE

Stude	nt's Name:		ID#:				
B.S. D	egree (Ma	jor)					
Co	Ö	ram (course #, credits and semester; place an asterisk* by you to satisfy deficiencies in undergraduate preparation (ree):					
Dept.	Course #	Course title	Credi	Semester (taken/plann		Leave blank	
C	ourses cou	nting to NMT masters degree (do not include classes that u wish to reserve for a subsequent graduate degree):	t do not coun	t towards this deg	gree	or	
Dept.	Course #	Course title	Credits	Semester (taken/planned)	*	Leave blank	
L	ist Catalog	year to be used for completion of degree requirements:					
D	egree progi	ram: Option (if applicab	ole):				
G	raduate mii	nor (if applicable)		(Attach min	or f	orm)	
A	cademic A	dvisor's Acceptance	Da	te:			
C	ommittee N	Members (initial)					
G	raduate De	an	Da	te:			



	Thesis □ or Independent Study □ Title:						
	Defense/Independent Study Report Written report of the defense (copy to stud Research Advisor's Acceptance		Pass 🗖	Fail 🛭			
			dent, chair and dean)	Date:			
					Date:		
Committee Members (initial)							
III.	All Requ	uirements Completed:					
	Departm	nent Chairperson			Date:		
IV. I	Digital c	copies					
	a)	With Thesis					
		Digital Thesis/Dissertation:	Submitted: yes □	no 🗖	Initials:		
			Accepted : yes □	no 🗖	Initials:		
		Digital Abstract:	Submitted: yes □	no 🗖	Initials:		
			Accepted: yes □	no 🗖	Initials:		
v. v	Vritten 1	Report of the Advisory Commit	tee:				
	Rec	eived by		Date:			