



Record of M.A. Completion Form
(to be filled out by the Department)

Candidate Name: _____

I. UNIT REQUIREMENTS:

Are all unit requirements specified in the GSAS Faculty Rules met?

Yes No

II. LANGUAGES AND SKILLS

Requirements _____

Completion Date(s) _____

III. THESIS or QUALIFYING PAPER(S)

Title(s):

Grade: Satisfactory Unsatisfactory

IV. FINAL EXAMINATIONS

Written Exam Passing Date(s) _____

Oral Exam Passing Date _____

Name