



## COMPLETION OF REQUIREMENTS

MAY \_\_\_\_ AUGUST \_\_\_\_ DECEMBER \_\_\_\_

This checklist is to be completed and signed by the **Graduate Coordinator** to indicate that the records of the student named below have been reviewed, and that the student has met all of the requirements for graduation.

**PLEASE NOTE: As part of Completion of Degree Requirements, it is necessary to submit an updated, final Program of Study along with this form to The Graduate School after reviewing the student's transcript.**

\_\_\_\_\_  
 (Name) MaineStreet ID# (7 digits)

Ph.D. \_\_\_\_ Ed.D. \_\_\_\_ M.S. \_\_\_\_ M.Ed. \_\_\_\_ M.A. \_\_\_\_ M.A.T. \_\_\_\_ C.A.S. \_\_\_\_

Denote Specific Concentration (if applicable): \_\_\_\_\_

M.A. \_\_\_\_ M.S. \_\_\_\_ (Continuing on for a doctoral degree)

Professional Degree (Identify) \_\_\_\_\_ Certificate Program \_\_\_\_\_

Department: \_\_\_\_\_ Advisor: \_\_\_\_\_

Thesis program: YES \_\_\_\_ NO \_\_\_\_ Total degree hours required (Ph.D. exclude Masters hours): \_\_\_\_\_

Degree hours obtained to date: \_\_\_\_\_ Degree hours currently taking: \_\_\_\_\_

List any courses with INCOMPLETE grades: \_\_\_\_\_

Is student approved to graduate with these INCOMPLETE grades? YES \_\_\_\_ NO \_\_\_\_

If no, list course(s) that must be completed: \_\_\_\_\_

If any grades less than B- are approved for graduate credit, please indicate:

\_\_\_\_\_

The above named student has completed all requirements for the degree of:

\_\_\_\_\_, including course

work, thesis credits, comprehensive examinations, language examinations, residency requirements and all other departmental requirements. I have checked the student's transcript, and graduation is:

**APPROVED** \_\_\_\_\_

**DISAPPROVED** \_\_\_\_\_

\_\_\_\_\_  
 (Graduate Coordinator)

\_\_\_\_\_  
 (Date)

Application for degree: \_\_\_\_\_

Revised Apr-09