

**Frontiers Master of Science Program Graduation Form**

Student Name \_\_\_\_\_ UM ID \_\_\_\_\_

Proposed Graduation Date \_\_\_\_\_

**Part A. Thesis Research**

The student named above has successfully defended their thesis research to the satisfaction of their thesis committee

Thesis advisor or co-advisors:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Additional Committee Members:

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Part B. Course Work**

The student named above has completed the 25 hours of course work required by the Frontiers Masters Program.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(Graduate Program Coordinator)

**Part C. Recommendation to the Department Chair**

The student named above should:

Receive a Thesis Masters \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(Director, Frontiers Masters Program)