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)