Traditional Master of Science Program Graduation Form

Student Name ______________________    UM ID _________________

Proposed Graduation Date _________________

☐ Course-based masters
☐ Thesis-based masters

Part A. Thesis Research

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

Thesis chair or co-chairs:

Signature ________________________   Printed Name_______________________    Date________
Signature ________________________   Printed Name_______________________    Date________

Additional Committee Members:

Signature ________________________   Printed Name_______________________    Date________
Signature ________________________   Printed Name_______________________    Date________
Signature ________________________   Printed Name_______________________    Date________

*Please return this form to the Graduate Office for Processing of Parts B and C*

Part B. Course Work

The student named above has completed the 24 hours of course work required by the Rackham Graduate School and the EEB Traditional Master’s Program.

Yes_________   No___________

Signature _________________________  Printed Name_______________________  Date________
(Graduate Program Coordinator)

Part C. Recommendation to the Department Chair

The student named above should:

Receive a Course-based Masters____
Receive a Thesis-based Masters____

Signature _________________________Printed Name________________________ Date________
(EEB Department/Graduate Chair)