

UNIVERSITY OF ARKANSAS
GRADUATE SCHOOL
RECORD OF PROGRESS
MASTER'S DEGREE
(Submit original to Graduate School)

Name: _____ ID: _____

Department: _____ Date of Examination: _____

Degree: _____ Degree Program: _____

ADMISSION TO CANDIDACY
(See Graduate Catalog)

Admission to Candidacy: _____
Signature (Major Adviser)

MASTER'S COMPREHENSIVE EXAMINATION

The above named student has taken the master's comprehensive examination and has been given a rating of:

PASS _____ FAIL _____

| COMMITTEE (minimum of three) | | SCORE* |
|--|----------------------|---------------|
| Type or Print Name | Signature (Chairman) | _____ |
| Type or Print Name | Signature | _____ |
| Type or Print Name | Signature | _____ |
| Type or Print Name | Signature | _____ |
| Type or Print Name | Signature | _____ |

*A score, either pass or fail or a numerical score, **MUST** be indicated by each member of the committee.

THESIS

No Thesis _____
Signature (Major Adviser)

Thesis Title _____

Thesis Grade _____
(Optional) Signature (Thesis Director for Committee)

All department requirements for completion of the degree: (check below)

- _____ have been met.
- _____ will be met (check all that apply)
 - _____ when current course work is satisfactorily completed
 - _____ with submission of thesis to the Mullins Library
 - _____ other _____

Signature (Head of Department)

GRADUATE SCHOOL USE ONLY

Comprehensive Passed: _____

Thesis Accepted: _____ Grade: _____

Degree: _____

Degree Program: _____

Degree Recorded on Permanent Academic Record:

Registrar _____ Date _____

Office of the Dean _____ Date _____