

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

Name: _____ ID: _____
 Department: IE/Operations Management Date of Examination: _____
 Degree: Master of Science in Operations Mgmt Degree Program: Operations Management

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 (Chair)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*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/Program)

GRADUATE SCHOOL USE ONLY

Degree Recorded on Permanent Academic Record:

Comprehensive Passed: _____

Thesis Accepted: Not required Grade: _____

Research Committee Approval: _____

Degree: MSOM

Degree Program: Operations Management

 Registrar Date

(Alteration of this form is unacceptable)