

GRADUATE ENGINEERING ACTION FORM

STUDENT'S NAME - LAST

FIRST

MI

PEOPLESOFT ID

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DEPARTMENT

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MASTER DEGREE PROGRAM

STATUS

FULL PROVISIONAL

EFFECTIVE DATE (MONTH/DAY/YEAR) _____

GRADUATE COORDINATOR/ADVISOR SIGNATURE _____

COMPREHENSIVE EXAM

PASS FAIL

DATE OF EXAM (MONTH/DAY/YEAR) _____

GRADUATE COORDINATOR/ADVISOR SIGNATURE _____

FINAL DEFENSE (ORAL)

PASS FAIL

DATE OF ORAL (MONTH/DAY/YEAR) _____

CHAIR'S SIGNATURE _____

NON-THESIS OPTION

THESIS OPTION

TITLE: _____

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FORMAT APPROVED:

REVIEWER _____ DATE _____

COPY RECEIVED:

GRADUATE COORDINATOR _____ DATE _____

OFFICE OF ADMINISTRATION _____ DATE _____

DOCTORAL DEGREE PROGRAM

STATUS

FULL PROVISIONAL

EFFECTIVE DATE (MONTH/DAY/YEAR) _____

GRADUATE COORDINATOR/ADVISOR SIGNATURE _____

PRELIMINARY/QUALIFIER EXAM

PASS FAIL

DATE OF EXAM (MONTH/DAY/YEAR) _____

GRADUATE COORDINATOR/ADVISOR SIGNATURE _____

COMPREHENSIVE EXAM

PASS FAIL

DATE OF EXAM (MONTH/DAY/YEAR) _____

GRADUATE COORDINATOR/ADVISOR SIGNATURE _____

ADMISSION TO CANDIDACY

PASS FAIL

EFFECTIVE DATE (MONTH/DAY/YEAR) _____

GRADUATE COORDINATOR/ADVISOR SIGNATURE _____

FINAL DEFENSE

PASS FAIL

DATE OF ORAL (MONTH/DAY/YEAR) _____

GRADUATE COORDINATOR/ADVISOR SIGNATURE _____

DISSERTATION

TITLE: _____

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FORMAT APPROVED:

REVIEWER _____ DATE _____

COPY RECEIVED:

GRADUATE COORDINATOR _____ DATE _____

OFFICE OF ADMINISTRATION _____ DATE _____

DEPARTMENTAL RELEASE

RETURNED ALL KEYS TO THE DEPARTMENT _____

VACATED ALL LAB AND OFFICE SPACE _____

CANCELLED ALL COMPUTER CHARGE NUMBERS _____

RETURNED ALL EQUIPMENT TO THE DEPARTMENT _____

APPROPRIATE DEPARTMENTAL SIGNATURES/DATE