

GRADUATE ENGINEERING ACTION FORM

STUDENT'S NAME - LAST, _____	FIRST _____	M.I. _____	PEOPLE SOFT ID NUMBER _____
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DEPARTMENT _____

MASTER DEGREE PROGRAM	
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STATUS FULL PROVISIONAL _____ GRAD. COORDINATOR /ADVISER SIGNATURE	EFFECTIVE DATE (MONTH/DAY/YEAR) _____
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COMPREHENSIVE EXAM PASS FAIL _____ GRAD. COORDINATOR/ADVISER SIGNATURE	DATE OF EXAM (MONTH/DAY/YEAR) _____
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FINAL DEFENSE (ORAL) PASS FAIL _____ _____ _____ _____ CHAIRMAN'S SIGNATURE	DATE OF ORAL (MONTH/DAY/YEAR) _____
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NON-THESIS OPTION	
THESIS OPTION	
TITLE: _____	
FORMAT APPROVED:	
REVIEWER _____	DATE _____
COPY RECEIVED:	
GRADUATE COORDINATOR _____	DATE _____
OFFICE OF ADMINISTRATION _____	DATE _____

DOCTORAL DEGREE PROGRAM	
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STATUS FULL PROVISIONAL _____ GRAD. COORDINATOR/ADVISER SIGNATURE	EFFECTIVE DATE (MONTH/DAY/YEAR) _____
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PRELIMINARY/QUALIFIER EXAM PASS FAIL _____ GRAD. COORDINATOR/ADVISER SIGNATURE	DATE OF EXAM (MONTH/DAY/YEAR) _____
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COMPREHENSIVE EXAM PASS FAIL _____ GRAD. COORDINATOR/ADVISER SIGNATURE	DATE OF EXAM (MONTH/DAY/YEAR) _____
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ADMISSION TO CANDIDACY/ DISSERTATION APPROVAL PASS FAIL _____ GRAD. COORDINATOR/ADVISER SIGNATURE	EFFECTIVE DATE (MONTH/DAY/YEAR) _____
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FINAL DEFENSE (ORAL) PASS FAIL _____ GRAD. COORDINATOR/ADVISER SIGNATURE	DATE OF ORAL (MONTH/DAY/YEAR) _____
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DISSERTATION	
TITLE: _____	
FORMAT APPROVED:	
REVIEWER _____	DATE _____
COPY RECEIVED:	
GRADUATE COORDINATOR _____	DATE _____
OFFICE OF ADMINISTRATION _____	DATE _____

DEPARTMENTAL RELEASE

APPROPRIATE DEPARTMENTAL SIGNATURES DATE

- | | | |
|--|-------|-------|
| 1. Returned all keys to the department. | _____ | _____ |
| 2. Vacated all lab and office space. | _____ | _____ |
| 3. Cancelled all computer charge numbers. | _____ | _____ |
| 4. Returned all equipment to the department. | _____ | _____ |