



Master's Degree Option Form

NAME: _____

EAGLE #: _____ DEPARTMENT: _____

I request approval to receive the Master's Degree with a graduation term of:

___ May ___ August ___ December 20 ___

Name exactly as you want it to appear on your diploma

If all requirements have been satisfied as determined by the Graduate Program and the GSAS Dean this request will be honored.

For Use by Department/Dean

___ This candidate will continue in the doctoral program after completing the Master's Degree.

___ This candidate will not continue and should be withdrawn from the doctoral program.

Departmental Approval Signature

Date

Dean's Signature

Date