

NOMINATION FOR GRADUATION
MASTER'S DEGREE

MASTER OF ARTS: _____
MASTER OF SCIENCE: _____
PROFESSIONAL DEGREE: _____

STUDENT NAME: _____ 9-Digit URI ID# (not SS#): _____

E-MAIL ADDRESS: _____ Best Contact Telephone #: _____

CURRENTLY REGISTERED FOR: _____

FIELD/DEPARTMENT: _____ SEMESTER EXPECTED TO GRADUATE: _____

The following list of requirements is meant to serve as a checklist to be sure each student has completed their entire program:

DATE COMPLETED

1. Program of Studies approval date _____

THESIS OPTION

2. Thesis Proposal approval date _____

3. Comprehensive Exam (date taken)
(if required in addition to thesis) _____

4. REQUIRED: Thesis long title.

NON-THESIS OPTION

4. Course # and title of course requiring substantial paper
(If not applicable, please indicate with N/A) _____

5. Comprehensive Examination (date taken)
If not taken, when expected _____

7. Major Professor(s): _____

6. To your knowledge, please list the remaining requirements for the award of the degree:

AUTHORIZED SIGNATURE (DEPT. CHAIR or GRADUATE DIRECTOR)

_____ DATE: _____

PLEASE NOTE: ALL STUDENTS MUST BE REGISTERED WITHIN THE SEMESTER THEY ARE GRADUATING. IF THEY HAVE NOT DEFENDED THEIR THESIS/DISSERTATION, THEY MUST BE REGISTERED FOR 1 CREDIT OF RESEARCH. IF THEIR ONLY REMAINING REQUIREMENT IS HANDING IN THEIR FINAL COPIES, THEY MUST BE REGISTERED FOR CRG (CONTINUOUS REGISTRATION). IF THEY ARE WORKING ON AN INCOMPLETE ONLY, THEY MUST BE REGISTERED FOR CRG. IF THEY ARE COMPLETELY FINISHED, THEY MUST BE REGISTERED FOR CRG.