Master's Degree Graduation Clearance Form **Office of Graduate Studies – California State University, Chico**

Name _____ Degree & Graduate Major _____ Date _____

ID# _____ Email _____ Daytime Telephone _____

LIST ONLY THOSE COURSES CONSTITUTING YOUR MASTER'S DEGREE PROGRAM (Consult appropriate catalog for specific program and general university requirements.)

Term	Dept & No.	Course Title	Units	Grade	If Taken Elsewhere -- Institution	Office Use Only

ADDITIONAL REQUIREMENTS (Mark the appropriate items, and indicate the title or topic if applicable.)

- ☐ Thesis ☐ Project Title or Topic: _____
- ☐ Comprehensive Examination _____
- ☐ Professional Paper or Analytical Review _____
- ☐ Business Analysis or Culminating Research Course

Writing Proficiency Requirement Completed _____

_____
GRADUATE COORDINATOR (Signature)

PLEASE NOTE: Persons completing a thesis or project must comply with university policy on the use of human and animal subjects.

_____
COMMITTEE CHAIR (Signature) (Printed Name) Date

_____
CANDIDATE (Signature) Date

_____
COMMITTEE MEMBER (Signature) (Printed Name) Date

_____
GRADUATE COORDINATOR (Signature) Date

_____
COMMITTEE MEMBER (Signature) (Printed Name) Date

_____
APPROVED – OFFICE OF GRADUATE STUDIES Date

_____
COMMITTEE MEMBER (Signature) (Printed Name) Date

FOR OFFICE USE ONLY: ADMITTED TO CLASSIFIED STATUS _____ ADVANCED TO CANDIDACY _____ EXPIRATION DATE _____

11/2010