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

Name _____ Program & Option _____ Date _____

ID# _____ Email _____ Phone _____

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	Course Substitution/Institution (if taken elsewhere)	Office Use Only

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

☐ Thesis ☐ Project Title or Topic: _____

☐ Comp Exam ☐ ERM _____

☐ Professional Paper ☐ AR _____

☐ 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

_____ _____ _____

2nd COMMITTEE MEMBER (Signature) (Printed Name) Date

_____ _____ _____

GRADUATE COORDINATOR (Signature) Date

_____ _____ _____

3rd COMMITTEE MEMBER (Signature) (Printed Name) Date

_____ _____ _____

APPROVED – OFFICE OF GRADUATE STUDIES Date

_____ _____ _____

4th COMMITTEE MEMBER (Signature) (Printed Name) Date

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

09/2019