



**Record of M.A. Completion Form**  
(to be filled out by the Department)

**Candidate Name:** \_\_\_\_\_

**I. UNIT REQUIREMENTS:**

Are all unit requirements specified in the GSAS Faculty Rules met?

Yes                      No

**II. LANGUAGES AND SKILLS**

Requirements \_\_\_\_\_

Completion Date(s) \_\_\_\_\_

**III. THESIS or QUALIFYING PAPER(S)**

Title(s):

**Grade:** Satisfactory                      Unsatisfactory

**IV. FINAL EXAMINATIONS**

Written Exam Passing Date(s) \_\_\_\_\_

Oral Exam Passing Date \_\_\_\_\_

**Name**