

REPORT OF COMPLETION OF SPECIFIED GRADUATE PROGRAM REQUIREMENTS

Name: _____
LAST FIRST MIDDLE

Address: _____

Telephone Number: _____

SFSU ID# _____

Degree Objective:

OFFICIAL DEGREE TITLE FROM BULLETIN
A. Master of <u>ARTS</u>
B. Major <u>MUSEUM STUDIES</u>
C. Concentration (if appropriate) _____
D. Emphasis or option (if appropriate): _____

CHECK (as applicable):

GRADUATE PROGRAM REQUIREMENTS

(requires only the signature of the major adviser
or college graduate coordinator)

- Met Conditions required to obtain Classified Status as specified at time of admission to program
- 2nd Level Graduate Written English Proficiency
- Examination for Validation of Outdated Course Work (7-year time extension)
- Foreign Language Examination
Specify: _____
- Other, specify: _____

CULMINATING EXPERIENCE REQUIREMENTS

(requires signature of all committee members as well as
the department chair or college graduate coordinator)

- Supervised Field Internship (course 892)
Abstract required
- Creative Work Project (course 894)
Abstract required
- Field or Research Project (course 895)
Abstract required
- Comprehensive Written Examination
- Comprehensive Oral Examination
- Oral Defense of Thesis or Project

REQUIRED SIGNATURES: In the case of a culminating experience, the faculty signing should be the same as those listed on the Proposal for Culminating Experience Requirement form filed in the Graduate Division.

This is to certify that the above requirements were: Completed satisfactorily on _____
DATE

Failed on _____
DATE

SIGNATURE OF COMMITTEE CHAIR/ADVISER (AS APPROPRIATE)

NAME AND ACADEMIC RANK OF CHAIR OR ADVISER

SIGNATURE OF COMMITTEE MEMBER

NAME AND ACADEMIC RANK OF MEMBER

SIGNATURE OF COMMITTEE MEMBER

NAME AND ACADEMIC RANK OF MEMBER

SIGNATURE OF DEPARTMENT CHAIR OR COLLEGE GRADUATE COORDINATOR

DATE

ACCEPTED BY OFFICE OF GRADUATE DIVISION

DATE