

## GRADUATE STUDENT CHECKLIST

Student Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

G.R.E. Scores: Verbal \_\_\_\_\_; Quantitative \_\_\_\_\_

Undergraduate G.P.A.: \_\_\_\_\_

Undergraduate Degree and Institution: \_\_\_\_\_

Major Professor: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Program Enrollment Date: \_\_\_\_\_

Program Completion Date: \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Status:</b>	<b>Date:</b>	<b>Requirement:</b>
<input type="checkbox"/>	_____	Establishment of Graduate Committee: <input type="checkbox"/> Annual Meeting (year 1) <input type="checkbox"/> Annual Meeting (year 2) <input type="checkbox"/> Annual Meeting (year 3) <input type="checkbox"/> Annual Meeting (year 4)
<input type="checkbox"/>	_____	Research Proposal (M.S. only)
<input type="checkbox"/>	_____	Qualifying Exam (M.S. only)
<input type="checkbox"/>	_____	Teaching Requirement (variable)
<input type="checkbox"/>	_____	Course Requirements
<input type="checkbox"/>	_____	Research Requirements
<input type="checkbox"/>	_____	Writing/Defense Requirement