

SCHOOL of MEDICINE

Master's Degree Completion Form

Students applying for a Master's degree during their current PhD program must submit this form for program approval. Once approved, the department must scan and email this form to the SOM Registrar by the appropriate deadline: **December 1** for December, **April 1** for May, and **July 15** for August graduation.

| dent Name:Last, First, Middle I | | SIS ID (7 digits): | |
|--|------------------------------|--------------------|--|
| gree Requested: MS in Biological and Pl | nysical Sciences E-mail ID: | | |
| Required Approvals: | | | |
| ndicate student's continuation to PhD status | 5: | | |
| Continuing the PhD program | Date Qualifying Exam Passed: | | |
| Not continuing the PhD program | Date of Final Exam: | | |
| Mentor (Print) | Signature | Date | |
| Director of Graduate Studies (Print) | Signature | Date | |
| Associate or Assistant Dean (BIMS) (Print) | Signature | Date | |

Please submit this completed form to your BIMS Administrator.