

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.