

FAIRMONT STATE UNIVERSITY GRADUATE STUDIES

STUDENT CHECKLIST

Name: _____ ID No. _____

Address: _____

(Number and Street)

(City)

(State and Zip Code)

Telephone: () _____ Email Address: _____

Degree: M.Ed. M.A.T M.S. M.B.A.

Program: _____

Application materials:

Application

Official Transcript

Undergraduate GPA: _____

Test Score GRE: _____ MAT: _____ GMAT: _____

Progress towards Degree:

Undergraduate deficiencies removed Date: _____

Transfer Credit (if any) processed Date: _____

Degree Plan Approved Date: _____

Thesis (if necessary) Approved Date: _____

I have examined the records and recommend this student for graduation:

Advisor's Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

Conditions: _____

Approved for Degree Not Approved

Graduate Dean's Signature: _____ Date: _____