

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: _____