

## MA Completion of Course Requirements Form

**Instructions to ACADEMIC ADVISOR-** Please review the current courses listed on the attached academic history report and place a check mark next to courses that are required for this degree/certificate.

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
WESID

\_\_\_\_\_  
Department

\_\_\_\_\_  
email

**CHECK IF COMPLETED CONCENTRATION IN PLANETARY SCIENCE:** \_\_\_\_\_

**I have reviewed the attached academic history report and indicated the current courses that are required for the degree/certificate. Pending successful completion of the required courses, I certify that this graduate student will have met all requirements for the degree/certificate in the department indicated above.**

Academic Advisor Signature: \_\_\_\_\_  
Date

Academic Advisor Printed Name: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_  
Date

Department Chair Printed Name: \_\_\_\_\_

### Instructions to STUDENTS:

- **You MUST attach your current academic history report to this form for review by your Academic Advisor and Department Chair.**
- **This form must be submitted to the Office of Graduate Student Services before April 12<sup>th</sup>, 2019, 4pm**