

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 course 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 10th, 2020, 4pm**