UCMERCED
Division of Graduate Studies

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Merced, CA 95343
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FINAL REPORT FOR THE MASTER'S DEGREE

STUDENT

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID#

ADDRESS	CITY	STATE/ZIP CODE	PHONE NUMBER

MAJOR	E-MAIL ADDRESS

Degree: ☐ M.A.   ☐ M.S.   Master's Plan Option (check one):   ☐ Plan I (Thesis)   ☐ Plan II (Comprehensive Exam)   ☐ Project

☐ M.M.   ☐ M.S.P.H.

Degree expected to be awarded (check one): ☐ Fall   ☐ Spring   ☐ Summer   Year_____

PROGRAM/SCHOOL: CONFERRAL OF DEGREE

The academic unit is responsible for checking that all program requirements have been satisfied. After all requirements have been fulfilled, this section is to be completed by the academic unit. Please return this form to the Graduate Division.

Plan I - Date Thesis approved: _____

Plan II - Date Comprehensive Examination passed (**Must attach exam results**): _____

Language requirement (*if applicable*):_____   Date Passed: _____
                                            (Language)

Total number of acceptable units completed for the program: _____

Graduate Cumulative GPA: _____

Program Chair: _____
                          Signature   Date

GRADUATE DIVISION

Degree conferred: ☐ Fall   ☐ Spring   ☐ Summer   Year_____

Dean of Graduate Division _____
                                      Signature   Date

Updated on 6/24/19