

APPROVAL OF CANDIDACY FOR THE MS DEGREE (Form GR-2)

Student Identifying Information:

NAME	_____	_____
	PLEASE PRINT (Last Name, First Name, Middle Initial)	Student Number or Social Security #
ADDRESS	_____	_____
	Street	City/State Zip
PROGRAM:	PHONE# _____	
<input type="checkbox"/> Environmental Science and Policy		(Area Code)
<input type="checkbox"/> Management		
<input type="checkbox"/> Education	<input type="checkbox"/> Social Work	EMAIL _____

We, the undersigned, having examined the **attached** proposal for the above student, certify that it is of acceptable quality and that she/he has successfully completed the appropriate number of graduate credits. **We recommend that this student be admitted as a candidate for the Master degree.**

SIGNED:	_____	RANK: _____
Major Professor		
Or Project Advisor	_____	_____
	name typed or printed	
Other	_____	_____
Committee		
Members	_____	_____
	name typed or printed	
	_____	_____
	name typed or printed	
	_____	_____
	name typed or printed	

DATE: _____

I, the undersigned, **dissent** from the above conclusion, for reasons outlined on the attached sheet.

SIGNED:	_____	RANK: _____
	_____	_____
	name typed or printed	

APPROVED

_____ Date

Interim Dean of Graduate Studies

cc: Registrar