



APPROVAL OF CANDIDACY FOR THE MASTER'S DEGREE (GR-2)

Instructions for Submittal

Students are responsible for obtaining all necessary signatures and delivering this form with a copy of their thesis or project proposal to the Office of Graduate Studies. Please direct any questions or concerns to the Office of Graduate Studies: gradstu@uwgb.edu or (920) 465-2123.

- 1.) Students must fill out the first section of this form, sign and save.
- 2.) Students must then e-mail this form with the thesis or project proposal attached to each committee member individually.
- 3.) Each committee member must sign either the agreement or dissent section of this form.
- 4.) The completed form and attached thesis or project proposal must then be sent to the Director of Graduate Studies at gradstu@uwgb.edu

STUDENT IDENTIFYING INFORMATION:

First Name Middle Name Last Name

Student ID# Campus E-mail

Phone Address

City State

Zip Code

Please select your program

Please select your committee members below (other than your major professor)

Please enter the name of your thesis or project. (Attach proposal to this form)

Student's Electronic Signature Date (mm/dd/yyyy)

MAJOR PROFESSOR AND THESIS COMMITTEE SECTION:

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

Major Professor or Project Advisor's Electronic Signature Date (mm/dd/yyyy)

Committee Member 1's Electronic Signature Date (mm/dd/yyyy)

Committee Member 2's Electronic Signature Date (mm/dd/yyyy)

Committee Member 3's Electronic Signature Date (mm/dd/yyyy)

Committee Member 4's Electronic Signature Date (mm/dd/yyyy)

*Sign in this section **ONLY** if you **DO NOT** recommend that the above student be admitted as a candidate for a Master degree.*
I, the undersigned, dissent that the above student should be admitted as a Master's degree candidate, for the reason outlined on the **attached** file. (Please send your written reason for dissent to the Office of Graduate Studies, gradstu@uwgb.edu or 2420 Nicolet Drive, CL 835, Green Bay, WI 54311-7001.)

Major Professor or Project Advisor's Electronic Signature	Date (mm/dd/yyyy)
	<input type="text"/>
Committee Member 1's Electronic Signature	Date (mm/dd/yyyy)
	<input type="text"/>
Committee Member 2's Electronic Signature	Date (mm/dd/yyyy)
	<input type="text"/>
Committee Member 3's Electronic Signature	Date (mm/dd/yyyy)
	<input type="text"/>
Committee Member 4's Electronic Signature	Date (mm/dd/yyyy)
	<input type="text"/>

I **approve** the decision made by the committee. (After signing below, please send the completed form directly to the Office of Graduate Studies, gradstu@uwgb.edu)

Director of Graduate Studies' Electronic Signature	Date (mm/dd/yyyy)
	<input type="text"/>