

GRADUATION & DEGREE CHECKOUT FORM

This form must be completed and on file in order for the program to begin the graduation certification process.

NAME: _____ ID: _____

THESIS GENRE: _____ PAGE COUNT: _____

THESIS ADVISOR: _____

SECOND/INTERNAL READER: _____

THIRD/OUTSIDE READER: _____

GRAD TERM: _____ Date: _____

STUDENT SIGNATURE: _____ Date: _____

EMAIL YOU WILL USE POST GRADUATION: _____

REQUIRED

- Applied for Graduation with the Graduate School. Date: _____
- Final Degree Audit completed, on file, and all requirements met. Date: _____
- Readers comments submitted and on file in Program Office. Date: _____
- Thesis Signature page signed and submitted to Graduate School. Date: _____
- Copy of signed Signature page submitted to Program Office Date: _____
- PDF of thesis submitted through ProQuest to Graduate School Date: _____
- Bound copy of thesis submitted to Program Office. Date: _____
- If bound copy has not arrived, receipt for binding submitted Date: _____]

OPTIONAL

- Embargo form submitted to Program Office Date: _____
- Signed Embargo form submitted to Graduate School Date: _____
- Exit Survey submitted (LOGIN TO: <https://tinyurl.com/lzd3rob> PASSWORD: MFA Exit) Date: _____
- Bio and Synopsis submitted for Program Ceremony Date: _____

REQUIRED PROGRAM APPROVAL

Director Signature: _____ Date: _____

NOTES

