



## Master's Degree Option Form

NAME: \_\_\_\_\_

EAGLE #: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

I request approval to receive the Master's Degree with a graduation term of:

\_\_\_ May     \_\_\_ August     \_\_\_ December     20 \_\_\_

\_\_\_\_\_  
Name exactly as you want it to appear on your diploma

If all requirements have been satisfied as determined by the Graduate Program and the GSAS Dean this request will be honored.

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For Use by Department/Dean

\_\_\_ This candidate will continue in the doctoral program after completing the Master's Degree.

\_\_\_ This candidate will not continue and should be withdrawn from the doctoral program.

\_\_\_\_\_  
Departmental Approval Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date