



This section should be completed by the student and submitted to the department or doctoral program.

STUDENT'S NAME, IN ALL CAPITAL LETTERS, AS IT SHOULD APPEAR ON THE M.PHIL. DIPLOMA (first, middle, last, suffix) Name includes diacritics/accents
 Name is different from SIS/SSOL

STUDENT PID/ ID NUMBER STUDENT UNI REQUESTED DEGREE DATE Month: Year:

DISSERTATION SPONSOR SPONSOR UNI DIPLOMA ADDRESS*

CO-SPONSOR (if applicable) CO-SPONSOR UNI

DOCTORAL PROGRAM ICLS * Students must also enter this "Diploma Address" into SSOL, separate from all other addresses. This is where the diploma will be shipped.

This section must be completed by the department or doctoral program and submitted to GSAS (dissertations@columbia.edu).

Requirements for the M.Phil.

MASTER'S DEGREE

IN-COURSE GSAS M.A.
Month/Year Awarded

ADVANCED STANDING FOR FREE-STANDING GSAS M.A.
Month/Year Awarded

ADVANCED STANDING FOR M.S. FROM SEAS
Month/Year Awarded

ADVANCED STANDING FOR OTHER MASTER'S DEGREE
Name of Institution

RESIDENCY N/A

SIX RESIDENCE UNITS EARNED AT THE END OF THE FOLLOWING TERM

COURSEWORK

ALL COURSE AND/OR POINT REQUIREMENTS FOR THE DOCTORAL PROGRAM WERE COMPLETED AT THE END OF THE FOLLOWING TERM

LANGUAGE PROFICIENCY N/A

LANGUAGE EXAMS AND DATES

SATISFACTORY ALP SCORE ACHIEVED (IF REQUIRED)

QUALIFYING EXAMINATIONS

PLEASE LIST ALL REQUIRED QUALIFYING EXAMINATIONS, AND THE DATE ON WHICH THE STUDENT PASSED.

INSTRUCTIONAL REQUIREMENT

A&S PROGRAMS: HAS THE STUDENT FULFILLED THE MINIMUM ONE-YEAR TEACHING REQUIREMENT?

DISSERTATION PROPOSAL PROPOSAL NOT REQUIRED FOR THE M.PHIL.

DATE OF SUCCESSFUL PROPOSAL DEFENSE

I have reviewed the above-named student's progress and performance, and recommend that the M.Phil. degree be awarded. This student MAY continue toward the Ph.D.

I have reviewed the above-named student's progress and performance, and recommend that a terminal M.Phil. degree be awarded. This student MAY NOT continue toward the Ph.D.

SIGNATURE OF CHAIR OR DIRECTOR OF GRADUATE STUDIES _____ DATE _____

SIGNATURE OF SEAS OFFICE OF THE DEAN (IF APPLICABLE) _____ DATE _____

For GSAS use

SIS / ZUMS SIS / STUD

SIS / NAME Access

SIS / ZTRF Award letter

SIS / ADSX

APPROVED: _____

DATE: _____