

This internal form is for the use of the GSAS Office of Student Affairs and the student's M.A. program. This form should not be submitted by the student. Attach additional pages to this form as necessary.

STUDENT NAME	Last:	First:	M	F
MASTER'S PROGRAM				STUDENT UNI

Recommendation of the Director of Graduate Studies or Program Director:

Approve student's application

PROPOSED DEADLINE FOR COMPLETION OF M.A. DEGREE REQUIREMENTS:

WAS THIS STUDENT IN GOOD ACADEMIC STANDING WHEN LAST REGISTERED? YES NO

IF NOT, PLEASE LIST THE SPECIFIC STEPS THE STUDENT MUST TAKE TO RETURN TO GOOD ACADEMIC STANDING:

PLEASE COMMENT ON YOUR DECISION TO APPROVE THIS STUDENT'S APPLICATION, ADDRESSING THE STUDENT'S ABILITY TO COMPLETE OUTSTANDING DEGREE REQUIREMENTS.

Deny student's application

PLEASE COMMENT ON YOUR DECISION TO DENY THIS STUDENT'S APPLICATION.)

SIGNATURE	NAME	DATE
DIRECTOR OF GRADUATE STUDIES / PROGRAM DIRECTOR		

Office of Student Affairs use:	APPROVE	DENY	TIME-TO-DEGREE FINAL DEADLINE
COMMENTS			

SIGNATURE	NAME	DATE
FOR THE OFFICE OF STUDENT AFFAIRS		