



NEW MEXICO STATE UNIVERSITY

Graduate Student Services

MSC 3G P.O. Box 30001

Phone: 575-646-2736 Fax: 575-646-7721

Masters Final Examination Form

Graduate Student Services Use Only

Sent

Posted

Initials:

This form must reach the office of the Graduate Student Services at least 10 working days before the date of the exam. Otherwise, the exam will be cancelled by Graduate Student Services.

Last Name: [] First Name: []

Banner ID: [] Phone: [] E-Mail: []

Major: [] Minor: []

Date of Exam: [] Time of Exam: []

Choose One:

Thesis

Non-Thesis

Location of Exam: []

Committee Members

Advisor or Chair of Committee:

1. Name: [] e-mail: []

Second and Third Members:

2. Name: [] e-mail: []

3. Name: [] e-mail: []

Member from Minor or Related Area (If needed)

4. Name: [] e-mail: []

Dean's Representative:

5. Name: [] Dept: [] e-mail: []

Program of Study ("Application for Admission to Candidacy") has been approved by Advisor, Department Head, and Graduate Student Services.

Approval Signatures:

Date:

1. Department Head: _____

2. Student's Advisor: _____

3. Minor Faculty: _____

4. Student: _____

5. Graduate Student Services: _____