

GRADUATE SCHOOL
OF ARTS AND SCIENCES
OF
BRYN MAWR
COLLEGE

Record of M.A. Completion Form
(to be filled out by the Department)

Candidate Name: _____

I. UNIT REQUIREMENTS:

Are all unit requirements specified in the GSAS Faculty Rules met?

Yes No

II. LANGUAGES AND SKILLS

Requirements _____

Completion Date(s) _____

III. THESIS or QUALIFYING PAPER(S)

Title(s):

Grade: Satisfactory Unsatisfactory

IV. FINAL EXAMINATIONS

Written Exam Passing Date(s) _____

Oral Exam Passing Date _____

Name of the faculty member directing student's work: _____

Signature: _____ **Date** _____

Name of second reader and examiner of the M.A. Paper: _____

Signature: _____ **Date** _____