

**UNIVERSITY OF ARKANSAS  
GRADUATE SCHOOL  
RECORD OF PROGRESS  
MASTER'S DEGREE  
(Submit original to Graduate School)**

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Examination: \_\_\_\_\_

Degree: \_\_\_\_\_ Degree Program: \_\_\_\_\_

**ADMISSION TO CANDIDACY  
(See Graduate Catalog)**

Admission to Candidacy: \_\_\_\_\_  
Signature (Major Adviser)

**MASTER'S COMPREHENSIVE EXAMINATION**

The above named student has taken the master's comprehensive examination and has been given a rating of:

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

	<b>COMMITTEE</b> (minimum of three)	<b>SCORE*</b>
_____ Type or Print Name	_____ Signature (Chairman)	_____
_____ Type or Print Name	_____ Signature	_____
_____ Type or Print Name	_____ Signature	_____
_____ Type or Print Name	_____ Signature	_____
_____ Type or Print Name	_____ Signature	_____

\*A score, either pass or fail or a numerical score, **MUST** be indicated by each member of the committee.

**THESIS**

No Thesis \_\_\_\_\_  
Signature (Major Adviser)

Thesis Title \_\_\_\_\_

Thesis Grade \_\_\_\_\_ (Optional) \_\_\_\_\_  
Signature (Thesis Director for Committee)

All department requirements for completion of the degree: (check below)

- \_\_\_\_\_ have been met.
- \_\_\_\_\_ will be met (check all that apply)
  - \_\_\_\_\_ when current course work is satisfactorily completed
  - \_\_\_\_\_ with submission of thesis to the Mullins Library
  - \_\_\_\_\_ other \_\_\_\_\_

\_\_\_\_\_  
Signature (Head of Department)

**GRADUATE SCHOOL USE ONLY**

Comprehensive Passed: \_\_\_\_\_

Degree Recorded on Permanent Academic Record:

Thesis Accepted: \_\_\_\_\_ Grade: \_\_\_\_\_

Degree: \_\_\_\_\_

\_\_\_\_\_  
Registrar Date

Degree Program: \_\_\_\_\_

Office of the Dean \_\_\_\_\_ Date \_\_\_\_\_