

For IDM Records

**Graduate School of Public Health
Report on Requirements for Master's Degree**

Name of Student:

PeopleSoft ID:

Degree Sought:

Program:

Passed: _____ Failed: _____ Approved: _____ on: _____

Comprehensive Examination*

Thesis Overview Approved

Thesis Committee Meeting

Graduation Requirements Completed*

Final Oral Defense*

Thesis Title:

Faculty Committee Members:

1. _____

Date: _____

2. _____

Approved: _____

Dr. Charles Rinaldo, Jr., IDM Chair

3. _____

4. _____

5. _____

*Requires GSPH Report on Requirements to be completed