

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

Name of Student _____ PeopleSoft # _____

Dept/Program _____ Degree _____

Please indicate requirements fulfilled and sign

A.-----

If student was admitted provisionally, has his/her status changed to full? ____Yes ____No

(To verify if student met their PROVisions, view the ADMA screen under Checklists in PeopleSoft.) ____Student was not provisional

Can be signed either by Advisor or Student Services Coordinator: _____
(Signature/Type Name)

B.-----

Student completed the **Exit Survey** on: _____ date.

(Requirement effective beginning 8/2008 Graduation. Only signature of Student Services Coordinator is required.)

Signature: _____

C.-----

I/we certify that the student has completed all the requirements for graduation. _____ date

Signature of Advisor, Program Director, _____
or other authorized dept. representative. (Signature/Type Name)

Also need signature of Dept Chair below.

Approved: _____

Department Chair

Date