

“M-FORM”

Form to verify completion of graduate program requirements for:

- AuD or DNP degree programs OR
- **MASTER’s degrees with EXAM, PAPER, PROJECT or PORTFOLIO capstone**

DEGREE CONFERRAL DATE: Feb. 1, _____ June 15, _____ Sept. 1, _____

M-form Due Date: <http://www.grad.buffalo.edu/Academics/Academic-Deadlines.html>

STUDENT NAME: _____ **UB Person #** _____

COMPLETE AND SIGN sections 1 & 2 or sections 1 & 3, as appropriate

1) PROGRAM REQUIREMENTS: I have examined the UB TRANSCRIPT and RECORD of the above-named student and CONFIRM that (s)he has COMPLETED ALL DEPARTMENTAL and PROGRAM requirements for the:

(degree type) _____ in (program title) _____

in the Department of _____

Dir. of Graduate Studies/ Chair: _____
Name Signature date

2) Master’s COMPREHENSIVE EXAM: I CERTIFY that on (date) _____, the above-named student successfully PASSED THE FINAL EXAMINATION for the (degree type) _____

in (program title) _____

Dir. of Graduate Studies/Chair _____
Name Signature date

3) APPROVAL OF CAPSTONE WORK:

Paper _____ Project _____ Portfolio _____ AuD project _____ DNP project _____

TITLE of CAPSTONE WORK: _____

On (date) _____, WE RECEIVED the above-named student’s CAPSTONE work, which has been EXAMINED IN CONTENT AND FORM, and DEEMED ACCEPTABLE to fulfill the capstone requirement for

the: (degree type) _____ in (program title) _____.

Major Advisor(s) _____
Name Signature date

Committee Member _____
(if required by dept) Name Signature date

Dir. of Graduate Studies/Chair _____
Name Signature date