

Name: _____

ID#: _____

M.A. Screening Report

MA Paper area: _____

Title: _____

Faculty Advisor: _____

Screening Committee:

member initials

1) _____

2) _____

3) _____

Oral defense date: _____

Result: **Pass**

**No Pass
With Option to Resubmit
Revisions Due:**

Terminal MA

Fail

Date approved: _____

Advisor approval signature: _____

MA Paper Committee Recommendation: _____

GSC Recommendation: _____

Overall Faculty Recommendation: _____

GPA: _____

1st Language/Research Tool Requirement: _____