

RECORD OF COMPLETION -- MASTER'S DEGREE

Michigan State University
Department of Entomology

Student Name _____ Student # _____

This is to certify that:

1. The above names student has completed or is completing all courses prescribed by the Guidance Committee. The committee has approved any course changes.

Yes No

2. An oral examination was completed on (date) _____
The Committee decided that the candidate:

Passed the examination
 Did not pass the examination. Any comments and recommendations are given under item 4 below.

3. The Master's thesis titled _____

has/has not been found worthy of acceptance on (date) _____

4. Comments and recommendations of Committee members: _____

5. Approved by the Guidance Committee: _____

Chairperson, Guidance Committee

Dept.

Dept.

Dept.

Dept.

Chairperson, Department of Entomology

Date

(over)

6. Items turned in:
- | | | | |
|---------------|--------------------------|---------------------------------|--------------|
| Curator | <input type="checkbox"/> | Voucher Specimens _____ | Initial/Date |
| Major Prof. | <input type="checkbox"/> | Equipment _____ | Initial/Date |
| Business Ofc. | <input type="checkbox"/> | Keys _____ | Initial/Date |
| Grad. Sec. | <input type="checkbox"/> | Bound Thesis (dept. copy) _____ | Initial/Date |

Chairperson, Department of Entomology

Date