



Graduate Program Record of Progress

Name: ID:
Degree Program: Major Field:

This form is to be used for both Master's and Doctoral degree tracking; only complete the section that matches your degree program. Submit the completed form to Dr. Almodovar via email at jalmodo@uark.edu.

Master's Program

The above-named student passed the master's comprehensive examination on: _____

Chair _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____

Master's Thesis/Non-Thesis Option

Non-Thesis Option _____ Date of Final Examination or Project Approval: _____
Thesis Option _____ Date of Defense: _____ Grade (Optional): _____

Doctoral Program

Final approval of candidate's program and acceptance of dissertation by the doctoral committee on: _____

Chair _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____
Print Name _____ Signature _____ Pass/Fail _____