

Instructions for this form are provided in the CGU Bulletin at <http://bulletin.cgu.edu/>

**Student Information**

**CGU ID# 254 -** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Department/Program** \_\_\_\_\_ **Degree/Certificate** \_\_\_\_\_

Please check any of the following that apply to this master's degree or certificate:

- Single master's degree/certificate**
- Certificate along the way to an MA/PhD degree** - Attach academic record and specify required courses.
- Master's degree, part of a dual degree** - Attach academic record and specify required courses.
- Master's degree along the way to PhD** - Attach academic record and specify required courses.  
*Note: Students may NOT receive a master's degree along the way to the PhD if the student earned another Master's degree whose units are counted towards the PhD. Course units may only apply to a maximum of two degrees.*

By signing below I agree that I have verified the accuracy of my degree (and concentrations, if applicable) on the [MyCGU Portal](#).

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Academic Department Approval

We, the graduate faculty in the above-named department, recommend this student for the degree/certificate of \_\_\_\_\_  
for the \_\_\_\_\_ semester and certify satisfactory completion of the requirements below.  
(Fall/Spring/Summer) (Year)

**All Students** - All required CGU coursework units must be completed with a cumulative GPA of 3.0 or better.

<b>Degree</b>	Units Required _____	Units Accomplished _____	Transfer Units _____
<b>Certificate</b>	Units Required _____	Units Accomplished _____	

**Applicable Program Requirements** - Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Language Requirement            | <input type="checkbox"/> Master's Thesis                              |
| <input type="checkbox"/> Master's Qualifying Examination | <input type="checkbox"/> Master's Critique/Publishable/Research Paper |
| <input type="checkbox"/> Internship                      | <input type="checkbox"/> Project                                      |

### Attach Separate Sheet for Additional Approvals

#### Department/Program Approval

Advisor/Chair \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Reader/Committee \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required for thesis, critique, project, research papers)

Dean Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dept. Admin. Review \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit Completed Form to the Registrar's Office**