

Students: Please submit the signed approval form with the MS Research Report as an attachment to graduatestudies@sunypoly.edu

From:

Date:

RE: Comment to be Recorded on Student Transcript- **M.S. Non-Thesis Route**

Name of Student: _____

SUNY ID#: _____

Degree Program: _____

The student named above has attempted to satisfy the following requirement of his/her Master's degree program:

Qualifying Examination

DATE OF EXAMINATION: _____

Master's Research Project Report (for non-thesis route)

TITLE: _____

DATE APPROVED: _____

Print Name
Chair of Examining Committee

Signature

Date

Faculty Chair – please be sure to submit the Non-Course Academic Event Form under faculty forms <https://sunypoly.edu/student-life/student-resources/registrar/forms.html> for Dean's approval