



Master of Science (MS) Degree Requirements Certification Form

Name \_\_\_\_\_

Email \_\_\_\_\_

FAMU

FSU

Student ID# \_\_\_\_\_

MS Degree Requirements

Area	Course No.	Course Title	Credits	Grade	Semester	Transfer?
<b>Articulation or Other Additional Courses</b> (if required)						
<b>Depth/Specialty Area</b> (12-15 credit hours)						
<b>Supplementary Electives</b> (6-9 credit hours)						
<b>Math, Statistics, or Computation</b> (3 credits)						
<b>Graduate Seminar</b>	CGN 5935	Indicate the total number of times enrolled (0 credits)				
<b>Thesis</b> (6 credit hours)	CGN 5971	Indicate the total number of thesis hours completed				
<b>Thesis Defense</b>	CGN 6972	Enrolled during the final term (Yes/No)				
<b>RCR Training</b>	Documentation submitted to the department (Yes/No)					
<b>Total Credit Hours</b>						

Journal Manuscript #1 (Title; Journal; Submission Date) \_\_\_\_\_

Thesis Title \_\_\_\_\_

Defense Date \_\_\_\_\_

\_\_\_\_\_  
Major Professor/Thesis Advisor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*This form should be submitted to the department at the beginning of the final semester (an exact deadline will be announced either by the CEE Graduate Coordinator or Graduate Director). Your Graduate Coordinator will acquire the signatures of the Graduate Director and Department Chair.*