

# MONTANA TECHNOLOGICAL UNIVERSITY

## GRADUATE STUDENT CHECK-OUT LIST

This form must be completed and submitted to the Graduate Studies Office before the student can be certified for graduation.

Student's Name \_\_\_\_\_

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

Major \_\_\_\_\_

<b>Graduate School Administrator</b>	<input type="checkbox"/>	<b>Application for Master of Science Degree</b> form completed and submitted to Graduate School Office	Graduate School Administrator	Date
<b>Department Head or Advisor</b> signature indicates successful completion of:	<input type="checkbox"/>	Comprehensive examination <i>(if applicable)</i>	Department Head or Advisor	Date
	<input type="checkbox"/>	Thesis Defense and receipt of final Thesis or Project Report		
	<input type="checkbox"/>	All required courses		
<b>Department or Division Office</b>	<input type="checkbox"/>	Office space, equipment, supplies, etc.	Department or Division Head	Date
<b>Physical Plant</b>	<input type="checkbox"/>	Keys returned	Physical Plant Officer	Date
<b>Hazardous Waste</b>	<input type="checkbox"/>	Waste has been properly disposed <i>(if applicable)</i>	Environmental Health & Safety Director	Date
<b>Business Office</b>	<input type="checkbox"/>	All fees and parking fines paid	Business Office	Date
<b>Library</b>	<input type="checkbox"/>	Books returned, Fines pd	Library Staff	Date
	<input type="checkbox"/>	Special Media <i>(if applicable)</i>		
<b>Thesis Coordinator</b>	<input type="checkbox"/>	Thesis Accepted	Thesis Coordinator	Date
	<input type="checkbox"/>	Or: Project Report Accepted		

**All requirements for a Master's Degree in:** \_\_\_\_\_

**have been successfully completed by:** \_\_\_\_\_

\_\_\_\_\_  
**Angela Lueking, PhD, Dean, Graduate Studies**

\_\_\_\_\_  
**Date**

**Term Degree Posted**

**Verified and Posted by** \_\_\_\_\_

**Date** \_\_\_\_\_