

MASTER'S ESSAY REVIEW RESULTS FORM and GRADUATION CERTIFICATION

STUDENT INFORMATION—

Student's Name: _____

UST ID Number: _____ Term of Completion: _____

Title of Essay: _____

Advisor: _____

Name *Signature*

REVIEW COMMITTEE INFORMATION—

Committee Members (secondary readers):

Signature *Signature*

Essay Review Date: _____

Essay Results: _____ Pass

Please note that if a revision is required, the advisor should initial below after seeing and approving the revised essay. ↓

_____ Revise by _____ Advisor initials: _____

FINAL SUBMISSION INFORMATION—

Please return this completed form to the English Department along with the following—

- ✓ Completed Assessment Rubrics—readers & advisor
- ✓ Student Graduate Assessment Questionnaire—student

ARCHIVE AUTHORIZATION—

I agree to allow my final Master's Essay to be placed in the UST library archives.

Student's Signature *Date*

Approved for Degree

Director of Graduate Studies in English *Date*