

*Fisk Graduate Student Handbook for Fall 2016 Entrants*

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**GRADUATE SCHOOL COMPLETION AUDIT – Formerly form requesting to Confer Graduate Degree**

A. *Student Information* (Due Semester **PRIOR TO** Commencement)

(PLEASE TYPE)

**NAME:** \_\_\_\_\_  
First Name Middle Last Name  
(as it should appear on your diploma)

**STUDENT ID.** \_\_\_\_\_

**Undergraduate Institution:** \_\_\_\_\_

**Undergraduate Degree (BA/BS):** \_\_\_\_\_

**Undergraduate Major:** \_\_\_\_\_

**Anticipated Graduation Date:** \_\_\_\_\_

**Contact address after Graduation**  
\_\_\_\_\_  
\_\_\_\_\_

**Degree Program:** \_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date**  
(Faculty Research Advisor)

**Program Director of Graduate Studies:** \_\_\_\_\_ **Date**

**Candidate:** \_\_\_\_\_ **Date**

DGS, please send a copy of this form, once completed, to [mburns@fisk.edu](mailto:mburns@fisk.edu)

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Graduate School Completion Audit, continued

**B. Academic Information** (Due Semester **PRIOR TO** Commencement)

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_

2. Department: \_\_\_\_\_ Concentration: \_\_\_\_\_

3. Date proposed for receiving the degree: \_\_\_\_\_

4. Courses completed in partial fulfillment of the requirements: (**attach CAMS Documentation**)

Cumulative GPA: \_\_\_\_\_

(From unofficial transcript, attached)

For Reference:

Program	Didactic Hours		Research Hours	Total 30 Hours
	Required	Electives		
Biology	Up to 14	7 or more	6-9	30
Chemistry	13	Up to 8	9	30
Physics	9 [core]	15	6	30
General Psychology	30			30
Clinical Psychology	42			42

Course 599 (Thesis Preparation) does not count toward degree hours.

Draft Thesis Title: \_\_\_\_\_

**Abstract - as approved by Thesis Committee at time candidacy conferred**  
(attach abstract to this document)

Candidate: \_\_\_\_\_  
(Print Name) (Signature)

Director of Graduate Studies Program: \_\_\_\_\_  
(Print Name) (Signature)

Dean of the Graduate School: \_\_\_\_\_  
(Signature) ( Date)

DGS, please send a copy of this form, once completed, to [ccoca@fisk.edu](mailto:ccoca@fisk.edu)