

# SUNY- BUFFALO GRADUATE SCHOOL MULTI-PURPOSE REPORT M-FORM

## Instructions:

Complete Number 1 for **ALL** degree students **plus** one of the following:  
Number 2 for PhD, AuD, or Master's students who completed a Thesis  
Number 3 for Master's students who completed a Comprehensive Examination  
Number 4 for Master's students who completed a final paper, project or portfolio

## 1. Department Requirements

This is to certify that \_\_\_\_\_  
(name of student) (Person #)

has completed all requirements established by the Department of \_\_\_\_\_  
for the degree of (BA/MFA)(BA/MA)(BA/MS)(BS/MS)(BS/ME)(MA)(MFA)(MPH)(M.ARCH)(MS)(PhD)(MM)(ME)  
(MUP)(AuD), in \_\_\_\_\_  
(SUNY graduate degree program)

Chairperson or Director of Graduate Studies

\_\_\_\_\_  
(name) (signature and date)

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## 2. Acceptance and defense of thesis or dissertation

This is to certify that on \_\_\_\_\_,  
(date) (name of student)

successfully defended (his) (her) (thesis) (dissertation) (AuD research project) entitled \_\_\_\_\_

which has been examined in content and form and deemed acceptable in partial fulfillment of the requirements for the degree of (AuD)(BA/MA)(BA/MS)(BS/MS)(MA)(MS)(M.ARCH)(ME)(MUP)(PhD) by

the Department of \_\_\_\_\_

Major Professor \_\_\_\_\_  
(name) (signature)

Committee Member \_\_\_\_\_  
(name) (signature)

Committee Member \_\_\_\_\_  
(name) (signature)

Committee Member \_\_\_\_\_  
(name) (signature)

Committee Member \_\_\_\_\_  
(Outside Department) (name) (signature)

Chairperson or Director of Graduate Studies

\_\_\_\_\_  
(name) (signature and date)

**3. Master's Degree Comprehensive Examination**

This is to certify that on \_\_\_\_\_,  
(date) (name of student)

passed the final examination set by the Department of \_\_\_\_\_

for the degree of Master of \_\_\_\_\_  
(graduate degree)

Chairperson or Director of Graduate Studies

\_\_\_\_\_  
(name) (signature and date)

**4. Master's Paper, Project, or Portfolio Approval**

This is to certify that \_\_\_\_\_'s (paper) (project) (portfolio) entitled:  
(name of student)

\_\_\_\_\_  
\_\_\_\_\_

has been approved by the Department of \_\_\_\_\_

in partial fulfillment of the requirements for the degree of Master of \_\_\_\_\_  
(graduate degree)

Major Professor \_\_\_\_\_  
(name) (signature)

Committee Member \_\_\_\_\_  
(name) (signature)

Chairperson or Director of Graduate Studies

\_\_\_\_\_  
(name) (signature and date)