

**COMPLETION OF DEGREE REQUIREMENTS
MASTER OF ADVANCED STUDIES (M.A.S.) IN CLINICAL RESEARCH**

Students must be registered for the quarter during which they complete the last of their requirements. This form must be completed and submitted to the program coordinator by the end of the quarter during which the student plans to graduate.

**INSTRUCTIONS FOR THE COMPLETION OF DEGREE REQUIREMENTS FORM FOR THE MASTER'S
DEGREE PROGRAM IN CLINICAL RESEARCH**

- Please copy and save the form on your computer before completing it.
- Begin typing in the first shaded box.
- Use the **tab key** (*not the enter or return key*) to move to the next shaded box.
- You may also use the **mouse** to move to any shaded box at any point.
- Use the mouse to click on the check-boxes.

Name: _____

E-mail: _____

Quarter during which requirements will be completed (i.e. last quarter student is taking courses or completing written requirements): _____ 20__

Total number of course units completed by the time of graduation: _____ (36 quarter hours are required)

OTHER REQUIREMENTS

	<p><u>Comprehensive literature review</u></p> <p>Quarter completed: _____ 20__</p> <p>Title of Review:</p>	<p><u>Presentation at a scientific meeting:</u></p> <p>Oral <input type="checkbox"/> or Poster <input type="checkbox"/></p> <p>Meeting Date: _____</p> <p>Meeting Name:</p> <p>Title of Presentation:</p>	<p><u>First-authored submission of a manuscript to a peer-reviewed journal</u></p> <p>Quarter completed: _____ 20__</p> <p>Journal submitted to:</p> <p>Title of Manuscript:</p>
<p>Signatures of committee members attesting to the satisfactory completion of each requirement</p> <p>Committee Chair</p> <p>Name:</p>	<p>Signature _____</p> <p>Date _____</p>	<p>Signature _____</p> <p>Date _____</p>	<p>Signature _____</p> <p>Date _____</p>
<p>Committee Member 2</p> <p>Name:</p>	<p>Signature _____</p> <p>Date _____</p>	<p>Signature _____</p> <p>Date _____</p>	<p>Signature _____</p> <p>Date _____</p>
<p>Committee Member 3</p> <p>Name:</p>	<p>Signature _____</p> <p>Date _____</p>	<p>Signature _____</p> <p>Date _____</p>	<p>Signature _____</p> <p>Date _____</p>

Student Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

(For Graduate Division Use)			
Date: _____	Quarter Effective: _____	GPA: _____	
Residence: _____	Total Units: _____	Approved: _____	