

**To:** The Registrar  
**From:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Subject:** Milestone Comment to be Recorded on  
Graduate Student Transcript

**Student's Name:** \_\_\_\_\_  
**Student ID:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Degree Sought:** \_\_\_\_\_  
**Program:** \_\_\_\_\_

The above named student has satisfied the following requirement(s) in his/her degree program:

- Masters Comprehensive Field Exam Passed
- Discrete Math Exam Passed
- Certificate of Advanced Study Comprehensive Exam Passed
- Preliminary Doctoral Exam Passed
- Doctoral Comprehensive/Qualifying Exam(s) Passed
- Research Tool Requirement Fulfilled
- Substance Abuse Prevention Training Completed
- Child Abuse Workshop Completed
- Violence Prevention (SAVE) Training Completed
- Master's Research Project Completed Satisfactorily

Date Requirement Completed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Graduate Program Director or Department Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Date Comment Recorded by Registrar: \_\_\_\_\_