

Graduate Transcript Milestone Form

Please submit the completed form to the Registrar's Office, Campus Center B-52

Student's Name:	
Student's ID:	
Department:	
Degree Sought:	
Program:	

Master's Level Milestones:

<input type="checkbox"/>	Master's Comprehensive Field Exam Passed	Date Completed:
<input type="checkbox"/>	Discrete Math Exam Passed	Date Completed:
<input type="checkbox"/>	Logic Requirement Fulfilled	Date Completed:
<input type="checkbox"/>	Master's Research Project Completed Satisfactorily	Date Completed:
<input type="checkbox"/>	Research Tool Requirement Fulfilled	Date Completed:
<input type="checkbox"/>	Internship Presentation Requirement Fulfilled <i>(Public Administration Department)</i>	Date Completed:
<input type="checkbox"/>	Internship/Field Experience Requirement Satisfied <i>(School of Public Health)</i>	Date Completed:
<input type="checkbox"/>	Child Abuse Workshop Completed	Date Completed: Completed: <input type="checkbox"/> Internally <input type="checkbox"/> Externally
<input type="checkbox"/>	Violence Prevention (SAVE) Training Completed	Date Completed: Completed: <input type="checkbox"/> Internally <input type="checkbox"/> Externally
<input type="checkbox"/>	DASA Training Completed	Date Completed: Completed: <input type="checkbox"/> Internally <input type="checkbox"/> Externally
<input type="checkbox"/>	Substance Abuse Prevention Training Completed	Date Completed:
<input type="checkbox"/>	Autism Training Completed	Date Completed:

Certificate Level Milestones:

<input type="checkbox"/>	Certificate of Advanced Study Comprehensive Field Exam Passed	Date Completed:
<input type="checkbox"/>	NYS Educational Leadership Assessment Exam Passed Externally	Date Completed:

Doctoral Level Milestone:

<input type="checkbox"/>	Preliminary Doctoral Exam Passed	Date Completed:
<input type="checkbox"/>	Research Tool Requirement Fulfilled	Date Completed:
<input type="checkbox"/>	Doctoral Comprehensive/Qualifying Exam(s) Passed	Date Completed:
<input type="checkbox"/>	Doctoral Field Professional Paper(s) Approved	Date Completed:

Notes: _____

Signature of Graduate Program Director or Department chair

Date

Printed Name

Initials/Date Recorded in IAS: _____

Initials/Date Recorded on Audit (if applicable): _____

Revised: April 2014