

# UNIVERSITY of ALASKA ANCHORAGE

Office of the Registrar • PO Box 141629 • Anchorage, AK 99514-1629 • Phone (907) 786-1480

For Official Use Only

## Graduation Requirement Report For Graduates

Name: \_\_\_\_\_ UA Student ID#: \_\_\_\_\_  
Last First Middle

Degree/Certificate: \_\_\_\_\_ Major: \_\_\_\_\_ Emphasis/Option: \_\_\_\_\_

The above student HAS HAS NOT satisfactorily completed the following requirement(s) for graduation:

**Graduate Students**

*Please add date completed  
or NA in space provided*

	Presentation	Defense	Completion
Written Comprehensive Exam	_____	_____	_____
Oral Comprehensive Exam	_____	_____	_____
Thesis	_____	_____	_____
Graduate Project	_____	_____	_____
Not necessary for this degree			

**Chairperson's Signature, Graduate Study Committee (Only)**

\_\_\_\_\_  
Chairperson's Printed Name Chairperson's Signature Date \_\_\_\_\_

**Department Signature**

\_\_\_\_\_  
Department's Printed Name Department's Signature Date \_\_\_\_\_

**Graduate School Dean's Signature or Designee**

\_\_\_\_\_  
Dean's Printed Name Dean's Signature Date \_\_\_\_\_