

APPROVAL FORM FOR MASTER'S NON-THESIS OPTION  
DEPARTMENT OF ROMANCE LANGUAGES

2 copies: Place one in the student's file and send the other to:  
The Graduate School Terrell Hall 210 S. Jackson St. Athens, GA 30602-1633

**Student's Name** .....

**CAN # (810)** .....

**Degree** ..... **Major** .....

**I) Written Examination**

**Date of Written Examination:** .....

(In case of Delayed Decision, date of final decision: .....) )

Master's Advisory Committee: (Print or Type name and sign)

	Pass	Fail
1. .... (Major Professor)	<input type="checkbox"/>	<input type="checkbox"/>

2. ....	<input type="checkbox"/>	<input type="checkbox"/>
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3. ....	<input type="checkbox"/>	<input type="checkbox"/>
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**II) Oral Examination**

**Date of Oral Examination:** .....

Master's Advisory Committee: (Print or Type name and sign)

	Pass	Fail
1. .... (Major Professor)	<input type="checkbox"/>	<input type="checkbox"/>

2. ....	<input type="checkbox"/>	<input type="checkbox"/>
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3. ....	<input type="checkbox"/>	<input type="checkbox"/>
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Graduate Coordinator: Sign and Date:

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