



# FLORIDA ATLANTIC UNIVERSITY

777 GLADES ROAD  
P.O. BOX 3091  
BOCA RATON, FLORIDA 33431-0991  
561/367-3700  
FAX 561/367-3792

COLLEGE OF SCIENCE  
OFFICE OF THE ASSOCIATE DEAN  
FOR STUDENT SERVICES

DATE: \_\_\_\_\_

## MEMORANDUM

TO: Associate Dean

FROM: \_\_\_\_\_  
Chair of Supervisory Committee/ Graduate Coordinator / Dept Chair

Re: \_\_\_\_\_  
Student's Name

The student named above is a graduate student in the Department of \_\_\_\_\_  
A review of the student's records indicates the following:

Required course work is completed    Y            N            Total credits earned: \_\_\_\_\_

If no: please indicate required courses in progress:

Qualifying Exam is passed            Y            N            Not applicable  
If no: please notify Office of Associate Dean  
as soon as Qualifying Exam is passed

Thesis/Dissertation is completed    Y            N            Not applicable  
If no: please notify Office of Associate Dean when  
the thesis/dissertation is submitted to Graduate Studies  
(nonthesis)

Any other outstanding requirements?    Y            N  
If yes: please specify below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date