MORGAN STATE UNIVERSITY

SCHOOL OF COMPUTER, MATHEMATICAL AND NATURAL SCIENCES

MASTER OF ARTS,
MASTER OF SCIENCE, AND
DOCTOR OF PHILOSOPHY GRADUATE PROGRAMS

FORMS

July 2015
School of Computer, Mathematical and Natural Sciences

Sequence of events, critical dates, requisite forms, and approval processes for Master’s and Ph.D. degree programs.

1. **Research Rotation** - all Master’s students are strongly encouraged to complete two rotations for 4-6 weeks. Students in the Ph.D. program in Bioenvironmental Science are required to complete no less than three rotations.
   
   **Forms (2):** Faculty’s Evaluation of Graduate Student Research Rotation, and Graduate Student’s Evaluation of Research Rotation
   
   **Required signatures:** Research Rotation faculty and graduate student; copied to Departmental Graduate Coordinator and Chairperson
   
   **Critical dates:** First semester for Master’s degree students; end of first year for Ph.D. students.

2. **Selection of Graduate Research Advisor**
   
   **Form:** Selection of Graduate Research Advisor
   
   **Required signatures:** Graduate student, Research Advisor, Departmental Graduate Coordinator and Chairperson, and Director of Graduate Studies.
   
   **Critical dates:** Second semester for Master’s degree students; end of first year for Ph.D. students.

3. **Completion of departmental/program Core Courses**
   
   **Form:** Certification of Completion of Core Courses
   
   **Required signatures:** Departmental Graduate Coordinator and Chairperson; copied to Director of Graduate Studies.
   
   **Critical dates:** End of the first year for Master’s degree students; end of second year for Ph.D. students.

4. **Organization of Graduate Advisory Committee**
   
   **Form:** Organization of Graduate Advisory Committee
   
   **Required signatures:** Research Advisor, Graduate Advisory Committee Chairperson, Committee faculty members, Departmental Graduate Coordinator and Chairperson; copied to Director of Graduate Studies
   
   **Critical dates:** Summer of the first year for Master’s degree students; end of second year for Ph.D. students.

5. **Research Advisory Committee meeting: summary and progress report**
   
   **Form:** Research Advisory Committee meeting: summary and progress report
   
   **Required signatures:** Graduate student, Research Advisor, Research Advisory Committee chairperson and faculty members; copied to Director of Graduate Studies.
   
   **Critical dates:** The Research Advisory Committee should meet once per semester.

6. **Completion of comprehensive qualifying examination**
   
   **Form:** Certification of Satisfactory Completion of Comprehensive Qualifying Examination
   
   **Required signatures:** Departmental Graduate Coordinator and Chairperson; copied to Director of Graduate Studies
   
   **Critical date:** The semester (or summer) following completing of Core Courses.

7. **Advancement to degree candidacy**
   
   **Form:** Certification of Advancement to Candidacy
   
   **Required signatures:** Departmental Graduate Coordinator and Chairperson; copied to Director of Graduate Studies
   
   **Critical date:** No later than six months from the expected graduation date
8. **Request for scheduling of thesis defense**  
   Form: *Request to Schedule Defense of Master’s Thesis*  
   Required signatures: Thesis Committee members, Department Graduate Coordinator and Chairperson, Director of Graduate Studies, Dean of SCMNS  
   Critical dates: Approvals no less than ten day before scheduled defense and within 30 days of thesis submission deadline to SCMNS

9. **Thesis defense**  
   Form: *Documentation of Results of Thesis Defense*  
   Required Signatures: Research Advisor and Committee members, Departmental Graduate Coordinator and Chairperson; copied to Director of Graduate Studies  
   Critical date: Thirty days prior to SCMNS deadline for thesis submission

10. **Approval and submission of completed thesis**  
    Form: *Graduate Thesis Approval*  
    Required signatures: Research Advisor and Committee members, Departmental Graduate Coordinator and Chairperson, Director of Graduate Studies, and Dean of SCMNS  
    Critical date: The SCMNS deadline, two weeks prior to School of Graduate Studies deadline.
Morgan State University
School of Computer, Mathematical and Natural Sciences

Faculty’s Evaluation of Graduate Student Research Rotation

This evaluation form is to be completed and returned to the departmental or program Graduate Coordinator prior to the submission of final grades. Use additional pages as necessary.

Student: ________________________________      Department: ______________________
Research rotation faculty: ___________________________________
Graduate program:        ____________________________________
Brief description of research project:

Specific goal(s) or objective(s) assigned to student:

Specific technique(s) or methodologies involved:

Midterm Grade: ________

Overall evaluation of student’s performance:

Additional comments:

__________________________________    __________________
Faculty member’s signature      Date
Morgan State University  
School of Computer, Mathematical and Natural Sciences

Graduate Student’s Evaluation of Research Rotation

This evaluation form is to be completed and returned to the departmental or program Graduate Coordinator prior to the submission of final grades.

Student: _____________________________    Department: _____________________________

Research rotation faculty:   ______________________________

Graduate program:           _______________________________

Brief description of research project:

My Research Rotation faculty was consistently available for consultation.

Strongly agree    Agree    Neutral    Disagree    Strongly disagree

I was provided with sufficient background reading material to understand the project.

Strongly agree    Agree    Neutral    Disagree    Strongly disagree

I felt that I was properly trained and supervised in learning new laboratory techniques.

Strongly agree    Agree    Neutral    Disagree    Strongly disagree

I would recommend this Research Rotation faculty to other graduate students.

Strongly agree    Agree    Neutral    Disagree    Strongly disagree

Additional comments:

_______________________________    __________________
Graduate student’s signature      Date

_______________________________    __________________
Faculty member’s signature      Date
Morgan State University  
School of Computer, Mathematical and Natural Sciences  

Certification of Completion of Core Courses  

Student: ____________________ has satisfactorily completed the required departmental/program Core Courses.

Department: ____________________  
Graduate program: ____________________  

This process should have been completed during the first and second years of graduate study for Master’s degree and Ph.D. students, respectively.

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<td>Department Chairperson</td>
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Selection of Thesis Graduate Research Advisor

Student: __________________ has selected _________________ as Graduate Research Advisor

Department: __________________
Graduate program: _________________

Note: This process should have been completed during the second semester of the first year of graduate study for Master’s degree students, and before the end of the first year for Ph.D. students.

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<td>Thesis/Dissertation Research Advisor</td>
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<td>Graduate Coordinator</td>
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<td>Assistant/Associate Dean of Graduate Studies</td>
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School of Computer, Mathematical and Natural Sciences

**Certification of Completion of Department Core Courses**

Student: __________________ has selected ________________ has satisfactorily completed the required departmental Core Courses

Department: __________________

Graduate program: _________________

**Note: This process should have been completed during the first year of graduate study**

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School of Computer, Mathematical and Natural Sciences  

Graduate Thesis Advisory Committee Approval Form  

Student: _____________ has selected the following faculty members as the Thesis Committee.  

Department: ________________  
Graduate program: ________________  

Note: This approval form should be submitted in the summer of the first year of study. Indicate whether a Committee member is from outside of the Morgan State University campus.  

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<td>Research Advisor</td>
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<td>Thesis Committee Chairperson</td>
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<td>Assistant/Associate Dean of Graduate Studies</td>
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<td>Dean, SCMNS</td>
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Graduate Thesis Advisory Committee Approval Form

Graduate Advisory Committee
Meeting Summary and Progress Report

The purpose of this form is to document the outcome of each Graduate Advisory Committee meeting. This should occur at least once per semester. The student's Research Advisor must complete the narrative section of the report within the week following each committee meeting. The report must be signed by the student and the advisor, and copies distributed by the student to the Graduate Advisory Committee, Deans of SCMNS and School of Graduate Studies, Director of Graduate Studies, and the Departmental Graduate Coordinator. In particular, the completed document must be submitted to the Director of Graduate Studies within one week after the Committee meeting.

COMPLETE THIS REPORT IMMEDIATELY AFTER YOUR MEETING

Student Name: ________________________      Date: _________________________

Committee Members (check if present at meeting)

☐ 1.  Research Advisor:   _______________
☐ 2.  Committee Chair:   _______________
☐ 3.  Committee member    _______________
☐ 4.  Committee member    _______________
☐ 5.  Committee member    _______________
☐ 6.  Committee member    _______________
To be completed by student

1. What progress have you made toward your degree during the past year? (Do not include progress recorded in the previous report.) Explain deviations from earlier goals, if appropriate.

2. Itemize the remaining requirements (e.g., aims and experiments) for your thesis or dissertation and propose a timetable for completing them. Indicate which one(s) you expect to complete during the next year.

3. List publications, including abstracts and local, regional, and/or national scientific meetings attended since the last report. Attach a copy of each publication and return with this report. Also list any patents, invention reports, etc.

____________________________   Date _______________
Student’s signature

To be completed by Research Advisor

1. Comments on student's progress on thesis or dissertation during the last year:

2. Comments on student's objectives for the next year:

3. Comments on student's timetable for completing dissertation:

4. Considering the overall professional development of this student (i.e., presentations at conferences, publishing), is he/she making adequate academic progress? If not, explain why.

____________________________   Date _______________
Research Advisor’s signature
To be completed by Committee Chairperson

1. Any additional comments

Committee Member Signatures:
(An email verification sent to the Director of Graduate Studies will serve as the signature for committee members).

____________________________________
____________________________________
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RETURN TO: Program Director
Morgan State University  
School of Computer, Mathematical and Natural Sciences

Certification of Completion of the Written  
Comprehensive Qualifying Examination of Satisfactory Completion of 
Graduate Comprehensive Examination

Student:__________________________ has □ has NOT departmental written Graduate Comprehensive Examination.

Department: __________________________

Graduate program: __________________________

Note: This activity should be completed during the fall semester (or summer) after satisfying all required Core Courses.

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School of Computer, Mathematical and Natural Sciences

Certification of Advancement to Candidacy

Student: ___________________ has satisfactory completed all departmental requirements to advance to degree candidacy.

Department: ___________________________
Graduate program: ___________________________

Note: This document should be submitted no later than six months of the expected graduation date.

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Thesis/Dissertation Approval

**INSTRUCTIONS:** This form must be completely typed, signed and approved *before* a thesis/dissertation is submitted to the School of Graduate Studies. The oral defense *must* have been completed within thirty (30) days of the SCMNS thesis/dissertation submission deadline.

Student: _________________________________________

Program: _________________________________________

Department: _________________________________________

Research Advisor: _________________________________________

Thesis/dissertation title: _________________________________________

Thesis/dissertation defense date: _________________________________________

**FACULTY COMMITTEE MEMBERS:** Your signature on this form is an endorsement that the thesis is of **high quality** and **appropriate** for the completion of the degree program.

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<th>Committee</th>
<th>Member Name</th>
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<td>Research advisor</td>
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**APPROVALS:** Graduate Coordinator and Department Chairperson should review the thesis/dissertation for general format and grammatical errors prior to approval.

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School of Computer, Mathematical and Natural Sciences

Request to Schedule Defense of Thesis/Dissertation

**Directions:** This form is to be used to request to schedule the final defense and must be submitted no less than ten (10) days BEFORE the Defense Date. The Master’s Thesis MUST be in its final form and ALL Committee members must sign in endorsing the defense. The Defense MUST be scheduled within thirty (30) days of the SCMNS thesis submission deadline.

Student: ____________________ Department: ____________________

Degree Program: _________ Research Advisor: ____________________

Defense Date Requested: ______ Time: _________ Location: ____________________

**COMMITTEE SIGNATURES OF APPROVAL**

Research Advisor: Signature and date ________________________________

Committee Chairperson: Signature and date ________________________________

Committee member: Signature and date ________________________________

Committee member: Signature and date ________________________________

Committee member: Signature and date ________________________________

**APPROVED BY:**

Department Chairperson: Signature and date ________________________________

Department Graduate Coordinator: Signature and date ________________________________

Program Director, SCMNS: Signature and date ________________________________

Dean, SCMNS: Signature and date ________________________________
Morgan State University  
School of Computer, Mathematical and Natural Sciences  

Documentation of the Results of Thesis/Dissertation Defense

Department: _______________________

_________ of ___________ candidate Mr./Mrs./Ms. ____________________________

has ☐ /has not ☐ satisfactorily defended his/her Thesis/Dissertation.

If the student did NOT pass the defense, the Research Advisory Committee must provide specific reasons for their unanimous decision and provide guidelines for the student to satisfactorily complete this milestone using the text form field box. The student has 30 days to repeat the defense.

Note: The Thesis defense must be completed 30 days prior to the SCMNS deadline for Thesis submission.

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