



MASTER'S NON-COURSE REQUIREMENTS

Student's Name: _____

GNumber: _____

Day Phone: _____ Mason E-mail: _____

Program of Study: _____

Requirement Met	Not Required	Additional Information (Ex. Microeconomics, Oral, Written, German, Fine Arts)	Date Met
Comprehensive Exam #1			
Comprehensive Exam #2			
Language Proficiency			
Master's Project			
Research Tool			
Scholarly Paper			
Seminar Attendance			
Other:			
Other:			

Comments: _____

Department Approval: _____ Date: _____

After approval signatures have been obtained, return this form to the Office of the University Registrar, Student Union Bldg 1, Room 2101 MS 3D1, Fax (703) 993-4668.

Registrar's Initials: _____/_____