

MASTER'S DEGREE CLEARANCE FORM (DEPARTMENT)

(print or type)

Name: _____ Student ID: _____

Prior Name(s) used while attending Fresno State: _____

Program Entry Date: _____ Program Completion Date: _____

First Year Field Placement Agency: _____

Second Year Field Placement Agency: _____

CULMINATING EXPERIENCE

Please check off appropriate box and fill in corresponding information below:

THESIS

PROJECT

TITLE:	
CHAIR:	
READERS(S):	

ADDRESS (AFTER GRADUATION OR PERMANENT ADDRESS)

Street Address _____ City/State _____ Zip _____

Phone _____ Cell _____ Home _____ Other _____

PLACE OF EMPLOYMENT AFTER GRADUATION (IF KNOWN):

Agency Name _____ Street Address _____

City _____ State _____ Zip _____ Phone _____

Please attach a copy of the project/thesis abstract with identifying information (Title, Author, Readers' Names, Year). No more than one typed page.

NOTE: Graduate Degree Clearance form will not be submitted to the Graduate Studies office until this form and a copy of the abstract are received by the Social Work Education Department.