



Degrees Milestone Form

Student Name:

R#:

Major:

Please select which report results you are submitting and provide all requested information.

Qualifying Exam Report (Doctoral Students Only)

Date of Exam:

Department/College Recommendation:

Chair of Committee:

Expected Graduation Term:

Please rate the qualifying exam (this information is used for Nuventive reporting):

Comprehensive Evaluation Report (Master's Students Only)

Date of Evaluation:

Method of Evaluation:

Results:

Chair of Committee:

Expected Graduation Term:

Please rate the oral exam (this information is used for Nuventive reporting):

-
- Please submit this form via email to aec.gradprogram@ttu.edu.