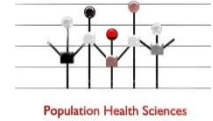




University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

PHS MS/PhD

Graduate Programs



Masters Degree Warrant Request Form

SEE THE ACADEMIC GUIDE FOR UPDATED DEGREE DEADLINES

Warrant must be requested a minimum of 3 weeks before the defense/exam or the degree deadlines.

Date of request: _____ Date of defense/exam: _____

Student's Name (Last, First, Middle): _____

Student's 10-Digit ID Number: _____

Student's Program for degree expected: _____ Degree expected: _____

Is this student in or will they continue for a PhD in the same program?

Yes No Undecided

Is this student required to deposit a thesis in Memorial Library?

Yes No

Each committee member's name and title:

(Advisor) 1. _____

2. _____

3. _____

(Optional) 4. _____

(Optional) 5. _____

Approval by Coordinator:
