

Approval Form for Master's Non-thesis Option

The University of Georgia Linguistics Program

210 Herty Dr., Athens, GA 30602

(Send this original **TYPED** form and one (1) copy of this form to the Graduate School)

Name:		ID#:	
Address:		Degree:	MA
		Major:	Linguistics, Non-thesis

I) Written Examination **Date:** _____

Advisory Committee (name and signature)

			Pass	Fail
1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	(Major Professor)			
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

II) Oral Examination **Date:** _____

Advisory Committee (name and signature)

1.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	(Major Professor)			
2.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Graduate Coordinator

Name

Sign

Date