SCHOOL OF MEDICINE
GRADUATE PROGRAMS

WAYNE STATE UNIVERSITY
FINAL REPORT
Certifying Fulfillment of Master's Degree Requirements

Basic Medical Sciences (BMS)

TO: _____, Advisor **Candidate:_____**

I.D.#: _____

ADVISOR'S REPORT **Date:_____**

PROGRAM: Basic Medical Sciences With Essay:

Hours Completed: Core Courses: _____ Elective Courses: _____ Total: _____

ADVISOR'S RECOMMENDATION FOR ESSAY MASTER'S EXAMINATION

EXAMINERS:

_____, Advisor

(Print Names) _____

_____

The following section is for Office Use ONLY

REPORT ON ESSAY

Notice is hereby given that the essay submitted by the above named student has been reviewed.

☐ Check here and sign below to indicate that a Turnitin review of this essay has been conducted by the Graduate Programs Office with satisfactory results.

_____
Advisor

It is hereby certified on the basis of the student's command of knowledge in his/her core and related fields, and the substantial and acceptable character of the essay, that this student

☐ **Satisfactorily passed the Master's Essay**

☐ **Did NOT satisfactorily pass the Master's Essay**

Date: _____ **Grade: _____**

Remarks/Recommendations :

Committee Members' Signatures:

_____ _____
Advisor

_____ _____
Committee Member

_____ _____
Committee Member

_____ _____

Graduate Programs Office Approvals: _____, Director, BMS /MR Program

_____, Program Coordinator