



# BOSTON COLLEGE

## GRADUATE SCHOOL OF ARTS & SCIENCES

### Master's Degree Option Form

**Please confirm completion of all Master's Degree requirements before submitting this form.**

NAME: \_\_\_\_\_

EAGLE #: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

I request approval to receive the Master's Degree with a graduation term of:

\_\_\_ May \_\_\_ August \_\_\_ December 20 \_\_\_

\_\_\_\_\_  
Name exactly as you want it to appear on your diploma

If all requirements have been satisfied as determined by the Graduate Program and the GSAS Dean this request will be honored.

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For Use by Department/Dean

\_\_\_ This candidate will continue in the doctoral program after completing the Master's Degree.

\_\_\_ This candidate will not continue and should be withdrawn from the doctoral program.

\_\_\_\_\_  
Departmental Approval Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean's Signature

\_\_\_\_\_  
Date