

Office of the Registrar
SUNY Oneonta

VERIFICATION OF NON-COURSE REQUIREMENTS

Name: _____ Student I.D. Number: **A** _____

Degree: _____ Program: _____ Expected Graduation Term: _____

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Content Specialty Post-Baccalaureate Test | Date Passed (mm/dd/yy): _____ |
| <input type="checkbox"/> Diagnostic or Qualifying Exam (Biology, Lake Mgmt) | Date Passed (mm/dd/yy): _____ |
| <input type="checkbox"/> Comprehensive Exam (School Counselor, Biology, Lake Mgmt) | Date Passed (mm/dd/yy): _____ |
| <input type="checkbox"/> Oral Defense of Thesis (Biology, Lake Mgmt) | Date Passed (mm/dd/yy): _____ |
| <input type="checkbox"/> Oral Presentation (Biology) | Date Passed (mm/dd/yy): _____ |
| <input type="checkbox"/> Project Report (Biology) | Date Passed (mm/dd/yy): _____ |
| <input type="checkbox"/> Deposition of Thesis (Biology, Lake Mgmt) | Date Passed (mm/dd/yy): _____ |
| <input type="checkbox"/> Title of thesis as it should appear on transcript: | |

Department Instructions:

Complete the appropriate box(es) above. Advisor (or administrator of survey, exam, etc.) and Department Chair must sign and date. Forward this form to the Registrar's Office. **Under no conditions should students handle this form.**

Approved by:

Academic Advisor

Date

Department Chair

Date

For Office Use: Recorded on: SHATCMT (thesis title only) SOATEST

By: _____

Date: _____

**RETURN COMPLETED FORM, BEARING ALL SIGNATURES,
TO THE REGISTRAR'S OFFICE, NETZER 130**