

College of Education and Health Professions

Department of Counseling, Leadership, and Research Methods

CLRM Student Procedures and Checklists for Master's Degrees

Procedures for Master's and Specialist Degrees

Procedure	Responsible Party	Action Date
Formation of program advisory committee and submission of Master's Committee form*	Major Adviser/Department Chair/Head	Immediately following admission to degree program for those programs that use an advisory committee
Changes in program advisory committee by memorandum or Master's Committee form	Major Adviser/Member Leaving Committee	As soon as change occurs
Request transfer of credit by submitting Request for Transfer of Graduate Credit form* (master's degrees only)	Major Adviser	Before Graduation
Graduation Application*	Student	By the following deadlines for the semester in which the degree is to be awarded:
		Fall - Oct. 1; Spring - March 1; Summer - July 1
Inclusion of name for commencement exercises, regalia, and announcement orders	Student	Deadlines indicated in on the Registrar's Office web page at https://registrar.uark.edu/graduation/applying-to-graduate.php
Removal of incompletes (Change of Grade form)	Student/Instructor	When course requirements have been met
To avoid an incomplete becoming "F"	Student/Instructor	Change of grade form must be submitted prior to 12 months after the end of the term in which the incomplete grade was posted.
Final comprehensive examination (Certified by submission of Record of Progress form* with original signatures)	Advisory Committee	Must be completed by last day of graduation term (published date on Registrar's page)
Review of Degree Audit	Student/Major Adviser	Each semester or as dictated by department
Clear Degree Audit	Department Head/Graduate Coordinator	After deadline to apply for graduation

Master's Non-Thesis Students

- Submit the <u>Master's Advisory Committee form</u>, consisting of a major advisor and at least two
 other members of the graduate faculty, to the CLRM Graduate School immediately following
 or at the time of admission to the program of study.
- Complete all master's degree program course work within six years.
- If applicable, <u>transfer master's credit form</u> and official transcript must be submitted to the Graduate School before the date of graduation for the semester of graduation.
- Apply to graduate before the graduation deadline for the semester of graduation. Fall Oct.
 1; Spring March 1; Summer July 1
- Pass master's degree program comprehensive examination or defend project before the date of graduation for the semester of graduation. Master's degree program comprehensive examinations should be scheduled at least one (1) week before the date of graduation.
- Complete all master's degree program requirements before the date of graduation.

Important Graduate Student Links

Graduate Catalog

Graduate Student Handbook

Graduate School and International Education Website

Office of the Registrar Website

CLRM Website

Workday Student

Exam/Defense Date Departmental Form



Graduate School & International Education

Master's Committee

Student's Name:	ame: ID Number:					
	ought: Degree Program:					
Student's Signature:	udent's Signature: Date:					
☐ Check for Master's Adin the program.	dvisory Committee,	which develops the student's p	program of study, and I	monitors progress		
Check for Master's Thesis Committee, which is responsible for insuring that the thesis presented meets high academic standards and constitutes a significant contribution to the knowledge of the study area.						
		Committee Members				
	(Please type or	print full name. Example: Jane	e R. Doe)			
	(Please not e	e if ex-officio or off campus men	nber)			
(If	_	g one member(s), only that sigr				
	along with the cor	nmittee chair and department o	chair/head)			
	CHAIR					
Please print full name		signature required	add	remove		
Please print full name		signature	add	remove		
Please print full name						
riease print run name		signature	add	remove		
Discount full some						
Please print full name		signature	add	remove		
Please print full name		signature	add	remove		
Please print full name		signature	add	remove		
Department Chair/Head						
Or Program Director:			Date:			
Approved:			Date:			

This form is to be submitted to the Graduate School as soon as the committee has been selected. Changes to the committee must be done in accordance with Graduate School rules and require the approval of the Graduate School.

Office of the Graduate Dean



Graduate School & International Education

Request for Transfer of Graduate Credit

Student Name		ID Number	
Expected Graduation Term/Year	Degre	e	
ProgramE	mail		
Student Signature			
Note: signature attests that the stude	ent and course meet all of	the criteria listed below.	
Criteria for Acceptable Transfer Credi	t:		
1. Only graded courses (not research	hours) are subject to transfe	r.	
The course must have been regula school.	•		egionally accredited graduate
The course must have been a bona graduate faculty.	ı fide graduate level course, a	pproved for graduate credit and	d taught by a member of the
4. The course must appear on an offi	icial transcript as graduate cr	edit from the institution offerin	ng the course.
5. The course grade must be a "B" or	"A." (The student's grade-po	oint average is NOT to include	grades on transfer courses.)
6. The course must be recommended University of Arkansas.	l by the student's major advis	ser and be applicable to the deg	ree requirement at the
7. The course must not have been tal	ken by correspondence or for	extension credit.	
8. The course must be acceptable to	the department concerned ar	nd to the Graduate Dean.	
9. The student must have satisfied th completed a total of 24 hours of gr	raduate course work taken in	residence.)	·
10. The course must have been taken	within the six-year time limit	t of the student's program at the	e University of Arkansas.
Note: Graduate credit cannot be transfer the course was taken is accredited by A School of Business.			
Official transcript(s) must be submitted	ed with this request if not a	lready on file with Graduate S	School.
Institution Name & City:			
Course Title			Grade
Subject & Catalog#			
Institution Name & City:			
Course Title			Grade
Subject & Catalog#			

Advisor Signature_____ Date_____

Department Head or Graduate Coordinator Signature _____