



School of Nursing Master's Degree Preparedness Petition

Deadline: This form is due to the Office of Student Affairs no later than the first day of the term in which you wish graduate.

First name: _____ UC ID: _____
Last name: _____ UCSF Email: _____
Specialty: _____ Expected graduation quarter and year: _____

I will be completing a: [Comp Exam](#) - or - [Thesis](#) (Except Post-Masters students)

Total number of "I" (incomplete) grades: _____

I understand I am responsible for removing any "I" grades in order to be cleared to graduate.

I have enrolled in three quarters of Prologue (FA-WI-SP) with 1 unit in 1 quarter, and 0 units in the other two. yes no (Except Health Policy students)

I have enrolled in three quarters of Epilogue (FA-WI-SP) with 1 unit in 1 quarter, and 0 units in the other two. yes no (Except Health Policy students)

By the end of the expected degree conferral quarter indicated above, I will have completed all masters core, specialty, and sociocultural requirements for my program.

Student Signature: _____ Date: _____

By the end of the expected degree conferral quarter indicated above, the student will have satisfied all masters core, specialty, and sociocultural requirements for his/her program.

Graduate Advisor signature:

Graduate Advisor Name (printed):

Date: _____

Office of Student Affairs Signature: _____

Date: _____

You may complete this form electronically and email to your OSA Representative or any OSA advisor for final signature