## Notification of Intent to Graduate During the Upcoming Academic Year

| lame:                          |   |
|--------------------------------|---|
| OSU ID#:                       | OSU Email:  |
| xpected Term and year of gradu | uation:   |
| ype of MENR Master's Exam:     |   |
| Option 1: Scholarly Pape       | r   |
| Option 2: Comprehensiv         | e Exam  |
| Option 3: MENR Project         | (must be initiated by faculty member)   |
| las your exam option changed f | from that listed on your Program of Study form?   |
| Yes                            |   |
| Has this change been a         | approved by the MENR director? Yes No   |
| No                             |   |
|                                | rou have interacted with during your MENR program who ise related to your focus area? If so, please list below: |
|                                |   |
|                                | ary of your focus area. Include citations for 2-3 journal rences for your proposed Master's Exam topic.         |
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|                                |   |
|                                |   |
|                                |   |
|                                |   |
|                                |   |
| Student Signature              | <br>Date  |

