

DATE

TO: Graduate Division

FROM: Professor Marianne Mithun
Graduate Advisor, Linguistics Dept.

RE: NAME (Perm# _____)

NAME has completed all requirements for a master degree to be awarded QUARTER, YEAR.

_____ M.A.-level course requirements taken

_____ 1st Research Language Examination

Language & Date Completed: _____

_____ M.A. Thesis Based on Original Research

Title: _____

_____ MA Thesis Committee Form on File in Graduate Division

Please refer any questions to myself at x4058 or mithun@linguistics.ucsb.edu, or to the Graduate Program Assistant at x3776 or staton@linguistics.ucsb.edu.