COLLEGE OF WILLIAM AND MARY

SCHOOL OF MARINE SCIENCE / VIRGINIA INSTITUTE OF MARINE SCIENCE

NOTIFICATION OF INTENT TO BYPASS M.S. DEGREE

(Form must be submitted to the SMS Registrar prior to completion of Comprehensive Exam.)

FIRST NAME	LAST NAME		DATE OF SMS ENTRY (TERM/YEAR)		BANNER ID
DEPARTMENT		STUDENT SIGNATURE		DATE	

ATTACH SMS TRANSCRIPT, CV, AND STUDENT STATEMENT (SEE ITEM #3)

ADVISORY COMMITTEE RECOMMENDATION

This certifies that all members of the student's Committee (1) recognize the student's ability to meet the requirements to be considered for a bypass of the Master of Science Degree, and (2) are of the opinion that the student has the scholarly potential to proceed directly to the doctorate. Research is planned for a project acceptable as a Ph.D. dissertation. *Major advisor is to check each of the boxes below to certify that the student will meet the following requirements for the Bypass.*

- 1. Completion of the SMS core curriculum for the M.S. degree as described in the Graduate Course Catalog.
- 2. A student must be in good academic standing (cumulative GPA of B or better with no core course grade lower than B-).
- 3. Submission of a CV and 1-2 page statement by the student describing the student's achievements and potential to conduct independent research.

If the Intent to Bypass the M.S Degree is approved, students must then meet the following additional requirements prior to submitting the Application to Bypass the Master of Science Degree:

- Submission of a 1-2 page statement by the student's advisor describing the student's achievements and **demonstrated** potential to conduct independent research.
- Successful completion of the written comprehensive exam at the Ph.D. level.

ADVISORY COMMITTEE (SIGNATURES OF ALL ADVISORY COMMITTEE MEMBERS REQUIRED)					
MAJOR ADVISOR NAME	SIGNATURE	DATE			
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE			
COMMITTEE MEMBER NAME	SIGNATURE	DATE			
COMMITTEE MEMBER NAME	SIGNATURE	DATE			
COMMITTEE MEMBER NAME	SIGNATURE	DATE			
COMMITTEE MEMBER NAME	SIGNATURE	DATE			

NEXT STEP: PLEASE RETURN THIS FORM TO THE VIMS/SMS REGISTRAR, WATERMEN'S HALL 253 OR SUBMIT ELECTRONICALLY TO REGISTRAR@VIMS.EDU FOR ACTION AT THE NEXT SCHEDULED AS&DC MEETING.

ACADEMIC STATUS & DEGREES COMMITTEE RECOMMENDATION:		O RECOMMEND	O DO NOT RECOMMEND
CHAIRPERSON, AS&DC	SIGNATURE		DATE
ASSOCIATE DEAN OF ACADEMIC STUDIES ACTION:		O APPR	OVED O DENIED
1 B 1	0		
ASSOCIATE DEAN OF ACADEMIC STUDIES	SIGNATURE		DATE

OFFICE USE ONLY:

DATE RECEIVED: ENTERED INTO MILESTONES:		ENTERED IN BANNER:	NOTIFIED STUDENT:	PROCESSED BY: