

# Screening Review Application

This application expresses the intent of the undersigned student to be considered for the next screening review session (either Fall or Spring quarter). I have either taken or been exempted from all the core MA-level courses, have fulfilled the MA-level Language requirement, and have had my MA thesis or thesis equivalent approved.

**Note to applicant:** submit this form [and all supporting documentation](#) to the [Staff Graduate Program Advisor](#) no later than Wednesday of the 6th week of the screening quarter.

Student Name:

Year Entered Program

**MA Thesis Title****OR****MA Equivalent Title**

(circle one)

Mark MA Coursework below:	Waived?		Quarter/Year	Grade
201 - Research Method/Stats	Yes	No		
208 - Morphology	Yes	No		
209 - Syntax	Yes	No		
212 - Discourse Transcript	Yes	No		
214 - Discourse	Yes	No		
215 - Intro Hist Comp Ling	Yes	No		
225 - Semantics	Yes	No		
234 - Syntax	Yes	No		
235 - Phonology	Yes	No		
260 - Language Change	Yes	No		

Elective #1

Elective #2

Foreign Language1:

Date passed:

**Application approval:**

Committee Chair's Signature:

Date:

Screening Review Passed?

Yes

No

Department Chair Signature:

Date: