

Graduate students who have previously submitted the *Student intention to receive the Graduate Focus on Aging Concentration* form and/or have met the requirements for the Graduate Focus on Aging Concentration must complete the checklist below. Prior to graduation, the checklist must be verified by your graduate program advisory committee member designated as a Research Affiliate of the Centre on Aging, and submitted to the Faculty of Graduate Studies. Complete the form in full and return it to the appropriate [Student Program Assistant](#) in the Faculty of Graduate Studies. Along with the form, you need to **submit the abstract of your thesis/practicum (if applicable)**, as well as a copy of your student history.

This form is to be **submitted at least one week prior** to the Faculty of Graduate Studies deadline (see [Graduate Studies Important Dates](#)) for submitting theses/practica for graduation for a particular period.

**Student Information:**

Name (last, first) \_\_\_\_\_ Student Number: \_\_\_\_\_

UM email \_\_\_\_\_

Major Department/Unit: \_\_\_\_\_ Start Date: (MM/YYYY) \_\_\_\_\_

**Graduate Program Information**

Current Degree Program                      Master's                      Ph.D

Graduate Program Type                      Thesis                      Practicum

Earliest possible date of graduation                      Year: \_\_\_\_\_

**Graduate Student Checklist**

Student intention to receive the Graduate Focus on Aging Concentration report received	Yes	No	<p>This section to be completed by the Research Affiliate of the Centre on Aging Only</p> <p>Date</p> <p>Current RA</p> <p>Date checked</p> <p>Date checked</p> <p>Date checked</p> <p>Date of presentation</p> <p>Date received</p>
Research Affiliate on Committee	Yes	No	
Name of Committee member(s)	Yes	No	
Two approved courses in aging successfully completed	Yes	No	
Completed thesis/practicum on aging related topic	Yes	No	
Included abstract of thesis/practicum (if applicable)	Yes	No	
Presented poster at Spring Research Symposium	Yes	No	
Aurora Student History provided for verification	Yes	No	

Research Affiliate of the Centre on Aging Signature: \_\_\_\_\_

Date Received MM/DD/YYYY