

# MA CAPSTONE REQUIREMENT VERIFICATION

Name: \_\_\_\_\_ UB Person #: \_\_\_\_\_ UB Email: \_\_\_\_\_

Degree program: ☐ MA in Music History ☐ MA in Music Theory

This form verifies successful completion of the MA in Music History or MA in Music Theory capstone requirements. Unless otherwise specified, students must complete all requirements listed below. Items marked with an asterisk (\*) are required.

## COMPREHENSIVE EXAM

### WRITTEN PORTION

I hereby attest that this student has successfully completed the written portion of their comprehensive exam requirement under my supervision.

Faculty Name\*: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ORAL PORTION

I hereby attest that this student has successfully completed the oral portion of their comprehensive exam requirement under my supervision.

Faculty Name\*: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PORTFOLIO

### TWO SEMINAR PAPERS, REVISED

I hereby attest that this student has successfully completed their capstone portfolio requirement under my supervision.

Faculty Name\*: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return completed form to Kevin Vazquez Mendez at [kevinvaz@buffalo.edu](mailto:kevinvaz@buffalo.edu).***