

## Department of Music

## MA CAPSTONE REQUIREMENTS VERIFICATION FORM

Name:	UB Person	#:	Email:	@buffalo.edu
Degree program:	☐ MA in Music History	☐ MA in Music Theo	ory	
	attest the successful comple ecified, students must compl			·
COMPREHENSIVE	EXAM			
WRITTEN PORTION				
hereby attest that this under my supervision.	s student has successfully com	pleted the written portion	of their comprehension	/e exam requirement
Faculty Member Name	):	Signature:	Date:	*
Faculty Member Name	):	Signature:	Date:	
Faculty Member Name	):	Signature:	Date:	
ORAL PORTION  I hereby attest that this my supervision.	student has successfully comp	leted the oral portion of the	eir comprehensive exa	m requirement under
Faculty Member Name	):	Signature:	Date:	*
Faculty Member Name	):	Signature:	Date:	
Faculty Member Name	:	Signature:	Date:	
PORTFOLIO (2 SE	MINAR PAPERS, REVISEI	0)		
hereby attest that this	student has successfully comp	oleted his capstone portfoli	io requirement under i	my supervision.
Faculty Member Name	):	Signature:	Date:	*
Faculty Member Name	):	Signature:	Date:	
Faculty Member Name	<b>:</b> :	Signature:	Date:	

Please return completed form to Kevin Vazquez Mendez at kevinvaz@buffalo.edu.