



## CERTIFICATION OF COMPLETION OF THESIS REQUIREMENTS FOR MASTER'S DEGREE

This is to certify that the student named below has completed all requirements for thesis associated with the degree indicated and that thesis has been filed with the Graduate School.

### STUDENT INFORMATION

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*myUTSA ID*

\_\_\_\_\_  
*Thesis Title (as it is to be listed on the student's official records)*

Semester hours of credit to be awarded for thesis: \_\_\_\_\_

Grade to be awarded for thesis credit: \_\_\_\_\_

Date thesis approved by committee: \_\_\_\_\_

Degree to which thesis applies (M.A., M.S., etc., area and concentration): \_\_\_\_\_

### THESIS COMMITTEE MEMBERS

\_\_\_\_\_  
*Chair, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Member, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Outside Member, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

### DEPARTMENT

\_\_\_\_\_  
*Graduate Advisor of Record, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Chair, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

### COLLEGE

\_\_\_\_\_  
*Associate Dean of the College, Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

### THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby  Approve  Deny the request.

\_\_\_\_\_  
*Vice Provost and Dean of The Graduate School, Signature*

\_\_\_\_\_  
*Date*

### OFFICE OF THE REGISTRAR

A] Credit and grade entered on student's record? \_\_\_\_\_ B] Thesis title entered on student's record? \_\_\_\_\_

C] Graduation check updated? \_\_\_\_\_ D] Student notified? \_\_\_\_\_ E] Notes \_\_\_\_\_