



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

Student Name

Banner 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

_____	_____ <i>Print Name</i>	_____ <i>Date</i>
_____	_____ <i>Print Name</i>	_____ <i>Date</i>
_____	_____ <i>Print Name</i>	_____ <i>Date</i>
_____	_____ <i>Print Name</i>	_____ <i>Date</i>
_____	_____ <i>Print Name</i>	_____ <i>Date</i>

DEPARTMENT

_____ <i>Graduate Advisor of Record, Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
_____ <i>Department Chair, Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>

COLLEGE

_____ <i>Associate Dean of the College, Signature</i>	_____ <i>Print Name</i>	_____ <i>Date</i>
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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 _____