



CERTIFICATION OF COMPLETION OF THESIS REQUIREMENTS FOR MASTER'S DEGREE

STUDENT INFORMATION

Name

Banner ID

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

Total thesis hours to be awarded: _____

Letter grade to be awarded for thesis credits: _____

Date thesis approved by committee: _____

Date comprehensive exam approved by committee, if applicable: _____

Program: _____

THESIS COMMITTEE MEMBERS

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

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

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

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

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

DEPARTMENT

_____ <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>
--	----------------------------	----------------------

THE GRADUATE SCHOOL

_____ <i>Vice Provost and Dean of The Graduate School, Signature</i>	_____ <i>Date</i>
---	----------------------