



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

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 _____