

Requirements for Program

(Please check appropriate box for program requirements)

We, the Graduate Committee, hereby certify:

Student Name: _____ Student ID: A _____

Has successfully completed the following (please check all that apply):

Section 1

Thesis

Title: _____

Leading to the degree of: _____ Major of: _____

Concentration of: _____ Specialization of: _____

This certifies that the above candidate satisfactorily completed the above requirement as of _____
Date

Certified by Examining Committee	
Major Professor	Name _____ Signature _____ Date _____
Minor Professor	Name _____ Signature _____ Date _____
Third Member	Name _____ Signature _____ Date _____
Received by:	Dean, College of Graduate Studies Signature _____ Date _____

Section 2

Passed Required Comprehensive Exam

Certified by Graduate Coordinator	
Name	_____
Signature	_____ Date _____