

Requirements for Program

(Please check appropriate box for program requirements)

- Section 2 Only
- Both Sections 1 and 2 (If both sections are required, please check even if both are not completed.)

We 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

Section 2

- Passed Failed Required Written Comprehensive Exam
- Passed Failed Research Literacy Paper
- Passed Failed Oral Comprehensive Exam

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