

Program Requirement:

We, the Graduate Committee, hereby certify that:

Student Name: _____ Student ID: A _____

Has successfully completed the following field study:

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 and Approved | | |
|-----------------------|--|------------|
| Department | Chair, Department of Educational Specialties | |
| | _____ | Date _____ |
| College | Dean, Eriksson College of Education | |
| | _____ | Date _____ |
| Graduate Studies | Dean, College of Graduate Studies | |
| | _____ | Date _____ |