

Name: Please Type

COMPLETION OF MASTER'S DEGREE

IMPORTANT: This form certifies that the student named below has completed requirements for his/her M.A./M.S./M.F.A./M.L.A.S. master's degree. The form is to be <u>signed by the Director of Graduate Studies</u>, copied for the department or program file, and forwarded to the Graduate School, 117 Alumni Hall.

TO: Associate Dean of the Graduate School This is to inform you that (Student's Name) (Student's I.D. Number) (Department/Program) with (Academic/Research Adviser) 1. Has met the thesis requirements for the M.A./M.S./M.F.A. degree by completing the required course work and: Submitting an approved M.A./M.S./M.F.A. thesis to the Graduate School 2. Has met the <u>non-thesis</u> requirements for the M.A./M.S./M.F.A./M.L.A.S. degree by completing the required course work and: Being first author on a peer-reviewed manuscript that is accepted for publication. Other (describe): 3. This degree is expected to confer on and is: In passing towards a PhD within the program. Terminal, student's studies within the program are complete. __, Academic/Research Adviser Name: Please Type Signature _, Second Reader (if applicable)_ Name: Please Type Signature , Director of Graduate Studies

Signature

Date