



**CERTIFICATION OF READINESS TO DEFEND
THE MASTER'S THESIS**

(To be filed with the Graduate School two weeks prior to the final examination)

Date: _____

To: Dean of the Graduate School

From: _____
Thesis Chair *Program*

The undersigned members of the student's Thesis Examination Committee hereby certify that the thesis written by

Student's Name: (last, first, middle) *Student ID*

entitled

is ready to be defended.

APPROVAL SIGNATURES		
Please type and sign		
Thesis Committee Chairperson:	Signature:	Date:
Thesis Committee Co-Chairperson:	Signature:	Date:
Graduate Program Director:	Signature:	Date:

Date of Final Examination: * _____
Month Day Year

* The examination committee must be permitted sufficient time in which to review the thesis and return this form to the Graduate School at least two weeks (10 working days) prior to the date of final examination.