THE GRADUATE SCHOOL AT UMBC

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*

_____ _____

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

The undersigned members of the above student's Thesis Examination Committee hereby certify that the thesis titled:

Type full title of thesis into the above box.

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.