

**CERTIFICATION OF COMPLETION OF MASTER’S DEGREE REQUIREMENTS**

|  |  |
| --- | --- |
| Name: *(last, first, M.I.)* | Campus ID: |
| Type of Masters Degree:  Choose an item. | Graduation Term and Year:  Choose an item. Choose an item. |
| Graduate Program: | |

This student has met all requirements of the Graduate School and the program for the degree, including *(please check all that apply)*:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Completed |  |  | | | |  |
|  | | | | | | | | |
|  | |  | Course Work | |  |
|  | |  |  | |  |
|  | |  | Thesis Defense | |  |
|  | |  |  | |  |
|  | |  | Capstone Project | |  |
|  | |  |  | |  |
|  | |  | Seminars and/or Research Papers | |  |
|  | |  |  | |  |
|  | |  | Written Comprehensive Examination | |  |
|  | |  |  | |  |
|  | |  | Portfolio | |  |
|  | |  |  | |  |
|  | |  | Oral Comprehensive Examination | |  |
|  | |  |  | |  |
|  | |  | Language Requirements | |  |
|  | | | | | | | | |
|  | Student has not completed degree requirements:  Please withdraw current diploma application. | | | | | |

|  |  |  |
| --- | --- | --- |
| APPROVAL SIGNATURES Please **type and sign** | | |
| Advisor: | Signature: | Date: |
| Graduate Program Director: | Signature: | Date: |

***\*This form is due the last day of the term for which the student has applied to graduate.* 1034 - 008**