

## CERTIFICATION OF COMPLETION OF MASTER'S DEGREE REQUIREMENTS

Name: (last, first, M.I.)		Campus ID:	
Type of Masters Degree:		Graduation Term and Year:	
Graduate Program:			
This student has met all requir for the degree, including (pleas			the program
Completed			
Course	Course Work		
Thesis	Thesis Defense		
Capston	Capstone Project		
Semina	Seminars and/or Research Papers		
Written	Written Comprehensive Examination		
Portfolio	Portfolio		
Oral Co	Oral Comprehensive Examination		
Langua	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: