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**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. |

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| APPROVAL SIGNATURESPlease **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**