

COMPLETION OF MASTER'S DEGREE

IMPORTANT: This form certifies that the student named below has completed requirements for his/her M.A./M.S./M.F.A./M.L.A.S. master's degree. The form is to be signed by the Director of Graduate Studies, copied for the department or program file, and forwarded to the Graduate School, 117 Alumni Hall.

TO: Associate Dean of the Graduate School

This is to inform you that

_____ (Student's Name)

_____ (Student's I.D. Number)

in _____ (Department/Program)

with _____ (Academic/Research Adviser)

1. Has met the thesis requirements for the M.A./M.S./M.F.A. degree by completing the required course work and:

Submitting an approved M.A./M.S./M.F.A. thesis to the Graduate School

2. Has met the non-thesis requirements for the M.A./M.S./M.F.A./M.L.A.S. degree by completing the required course work and:

Being first author on a peer-reviewed manuscript that is accepted for publication.

Other (describe): _____

3. This degree is expected to confer on _____ and is:

In passing towards a PhD within the program.

Terminal, student's studies within the program are complete.

_____, Academic/Research Adviser _____
Name: Please Type Signature

_____, Second Reader (if applicable) _____
Name: Please Type Signature

_____, Director of Graduate Studies _____
Name: Please Type Signature Date