

COMPLETION OF MASTER'S THESIS

IMPORTANT: This form certifies that the student named below has completed his/her M.A./M.S./M.F.A. thesis or equivalent (i.e. authorship on a first author, peer-reviewed publication in a refereed journal). 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)

(Research Adviser)

Has met the thesis requirements for the M.A./M.S./M.F.A. degree by:

Submitting an approved M.A./M.S./M.F.A. thesis

Being first author on a peer-reviewed manuscript that is accepted for publication, if required

Department / Program: _____

Please type name:

Signature:

_____, Research Advisor

_____, Second Reader

Director of Graduate Studies:

Signature

Date