



GRADUATE SCHOOL

Mike Loya Academic Services Building, Room 223
The University of Texas at El Paso
500 W. University Avenue El Paso, Texas 79968
(915) 747-5491 Fax (915) 747-5788
www.utep.edu/graduate

**COMPLETION / DEFENSE FORM
FOR MASTER'S STUDENTS
Submit to the Graduate School**

Date: _____ Student ID: _____

This is to certify that (Student Name): _____

qualified for graduation based on successful completion of: _____

Degree: _____ Major: _____

If needed, supplementary requirements such as publications or conference presentations as described below, have also been successfully completed. A memo is attached listing pending requirements not included below.

Supplementary Requirements: _____

Verified by (Name & Title): _____

Supervising Committee

Name of Chair/Co-Chair

Signature

Name of Committee Members

Signature

Title of Work: _____

Graduate Program Director Printed Name

Graduate Program Director Signature

Date