



# GRADUATE SCHOOL

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**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**

\_\_\_\_\_  
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Title of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Graduate Advisor Printed Name

\_\_\_\_\_  
Graduate Advisor Signature

\_\_\_\_\_  
Date