



CERTIFICATION OF COMPLETION OF THESIS REQUIREMENTS FOR MASTER'S DEGREE

This is to certify that the student named below has completed all requirements for thesis associated with the degree indicated and that thesis has been filed with the Graduate School.

STUDENT INFORMATION

Name

myUTSA ID

Thesis Title (as it is to be listed on the student's official records)

Semester hours of credit to be awarded for thesis: _____

Grade to be awarded for thesis credit: _____

Date thesis approved by committee: _____

Degree to which thesis applies (M.A., M.S., etc., area and concentration): _____

THESIS COMMITTEE MEMBERS

Chair, Signature

Print Name

Date

Member, Signature

Print Name

Date

Member, Signature

Print Name

Date

Member, Signature

Print Name

Date

Outside Member, Signature

Print Name

Date

DEPARTMENT

Graduate Advisor of Record, Signature

Print Name

Date

Department Chair, Signature

Print Name

Date

COLLEGE

Associate Dean of the College, Signature

Print Name

Date

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby Approve Deny the request.

Vice Provost and Dean of The Graduate School, Signature

Date

OFFICE OF THE REGISTRAR

A] Credit and grade entered on student's record? _____ B] Thesis title entered on student's record? _____

C] Graduation check updated? _____ D] Student notified? _____ E] Notes _____