



Student's Name _____ PID# _____

Academic Program _____

This student has successfully completed a thesis substitute in partial fulfillment of the requirements for the master's degree.

Date work submitted: _____

____ I certify that this student was registered as required during the term(s) this work was completed as noted above.

____ I certify that the [faculty examining committee](#) approved this work by a majority vote.

signature of DGS/Chair

date

This report is required in *all* instances where a traditional master's thesis is not submitted. The [substitute proposal](#) must be on record as having been reviewed & approved by The Graduate School.