

University of Maryland Graduate School, Baltimore

Certification of Completion of the Master's Thesis*

University of Maryland
Baltimore

Date:

To: Associate Dean of the Graduate School

From: (thesis committee chair) (program)

The undersigned members of the student's thesis committee hereby certify that the thesis written by:

Student's Name: (last) (first)

Student ID Number: @

entitled:

is ready for defense.

Signatures:

Thesis Committee Chair: (date)

Thesis Reader 1: (date)

Thesis Reader 2: (date)

Graduate Program Director: (date)

Date of Final Examination*: (month) (day) (year)

**The examination committee must have sufficient time to review the thesis and return the form to the Graduate School at least two weeks (10 working days) before the examination.*

Updated: May 25, 2006