



## Final Certification for the DMA Degree

This document is to certify that the following student has successfully completed all the requirements for the degree of Doctor of Musical Arts.

Name \_\_\_\_\_ SID \_\_\_\_\_

Number of coursework hours required for the degree \_\_\_\_\_

Date of comprehensive exam \_\_\_\_\_

### Academic Advisor Certification

The undersigned certifies that the aforementioned student has successfully completed the comprehensive exam and all lecture-recitals, and that all required documents have been submitted and approved.

Advisor \_\_\_\_\_ Date \_\_\_\_\_

### Chair's Certification for Degree Completion

The undersigned certifies that the aforementioned student has satisfied all departmental requirements and is recommended for the degree of Doctor of Musical Arts.

Department Chair/Program Director \_\_\_\_\_ Date \_\_\_\_\_