



## Final Certification for the Master's Degree: Non-Thesis

This document is to certify that the following student has successfully completed all the requirements for the Master's degree.

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

Department/Program \_\_\_\_\_

### Completed Requirements

Date of comprehensive examination \_\_\_\_\_

Date of Project Approval (if a project is required) \_\_\_\_\_

### Academic Advisor Certification

The undersigned certifies that the aforementioned student has completed all degree requirements.

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

### Program Certification for Degree Completion

The undersigned certifies that the aforementioned student has satisfied all departmental requirements and is recommended for the Master's degree.

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