

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