

The undersigned certify that they have read the Master's Thesis/Practicum entitled:

submitted by:

Student Name: _____

Student Number: _____

Major Department/Unit: _____

in partial fulfillment of the requirements for the degree of

Master of _____

The Thesis/Practicum Examining Committee certifies that the thesis/practicum (and oral examination if required) is:	Approved	Thesis
	Not Approved	Practicum

By signing below the examining committee indicates whether the candidate has passed or failed the final Master's Thesis/Practicum examination.

Name	Department/Unit	Signature	Pass	or Fail
_____ (Advisor)	_____	_____	Pass	or Fail
_____ (Co-Advisor if applicable)	_____	_____	Pass	or Fail
_____ (Examiner)	_____	_____	Pass	or Fail
_____ (Examiner)	_____	_____	Pass	or Fail
_____ (Examiner)	_____	_____	Pass	or Fail
_____ (Knowledge Expert)	_____	_____	Pass	or Fail

Department/Unit Head Signature _____

Date student completed requirements _____
(MM/DD/YYYY)