

University of Maryland Graduate School, Baltimore

**CERTIFICATION OF COMPLETION  
OF MASTER'S THESIS**

(To be filed with the Graduate School two weeks prior to the final examination)

**Date:** \_\_\_\_\_

**To:** Dean of the Graduate School

**From:** \_\_\_\_\_  
*Thesis Chair* *Program*

The undersigned members of the student's Thesis Examination Committee hereby certify that the thesis written by

\_\_\_\_\_  
*Student's Name: (last, first, middle)* *Student ID*

entitled

is ready to be defended.

<b>APPROVAL SIGNATURES</b>		
Please <b>type and sign</b>		
Thesis Committee Chairperson:	Signature:	Date:
Thesis Committee Co-Chairperson:	Signature:	Date:
Graduate Program Director:	Signature:	Date:

**Date of Final Examination: \*** \_\_\_\_\_  
*Month Day Year*

\* The examination committee must be permitted sufficient time in which to review the thesis and return this form to the Graduate School at least two weeks (10 working days) prior to the date of final examination.