



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  
Not Approved

Thesis  
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

Department/Unit Head Signature \_\_\_\_\_

Date student completed requirements \_\_\_\_\_

(MM/DD/YYYY)