

CASE WESTERN RESERVE UNIVERSITY

SCHOOL OF GRADUATE STUDIES

FINAL CERTIFICATION FOR THE MASTER'S DEGREE

This is to certify that _____ SSN _____
of the _____ Department with specialization in _____
has successfully completed all the requirements for the _____ degree under Plan _____ on
_____. (Date) Number of course work hours required for the degree _____

We certify that the aforementioned student has completed the following requirements and is recommended for the degree:

Date of Comprehensive or Final Oral Examination (Plan B) _____

Date of Thesis Defense (Plan A) _____

Date of Project Approval (if a project is required) _____

SIGNATURES:

(Adviser)

Chair (department/division/school)

Dean of Graduate Studies Certification

I certify that the aforementioned student has satisfied all requirements for the Master's degree.

(Dean of Graduate Studies)

(Date)