

Verifying Completion of MFA Program Requirements

DATE _____

STUDENT NAME _____ PERSON # _____

Master's Thesis Project: I certify that on _____, the above-named student successfully passed the thesis requirements to confer the Master of Fine Arts in Studio Art.

THESIS CHAIR _____
(Name - please print)

(Signature)

(Date)

COMMITTEE MEMBER _____
(Name - please print)

(Signature)

(Date)

COMMITTEE MEMBER _____
(Name - please print)

(Signature)

(Date)

COMMITTEE MEMBER _____
(Name - please print)

(Signature)

(Date)