

CERTIFICATION OF COMPLETION OF THESIS OR DISSERTATION

This form must be submitted by the final deadline established by
the Graduate College for the graduation semester.

Date Approved _____

Student's name _____ Student ID _____

Degree sought _____ Dept. _____

Graduation date: _____

Thesis or Dissertation Title:

The Thesis or Dissertation listed above has been read and reviewed in its entirety, with all final corrections complete and approved by the committee chair and members, and is ready for publication.

NAME OF COMMITTEE CHAIR (TYPE) SIGNATURE

NAME OF COMMITTEE MEMBER (TYPE) SIGNATURE

NAME OF COMMITTEE MEMBER (TYPE) SIGNATURE

NAME OF COMMITTEE MEMBER (TYPE) SIGNATURE

Please submit the signed copy to the Graduate College or send it to ETD@utrgv.edu by no later than
the final thesis and dissertation deadline. For questions, contact: ETD@utrgv.edu.