

Satisfactory Completion of the Required Non-Credit Research Project

[Empty box for Last Name]

Last Name

[Empty box for First]

First

[Empty box for Middle]

Middle

[Empty box for Address]

Address

[Empty box for Social Security Number]

Social Security Number

This is to certify that the candidate has satisfactorily completed the non-credit research project required for the :

[ ] Master of Arts Degree in \_\_\_\_\_

[ ] Master of Science Degree in \_\_\_\_\_

[ ] Master of Education Degree in \_\_\_\_\_

[ ] \_\_\_\_\_

The original copy of this research project will be kept in the Office of the chairperson of the \_\_\_\_\_ department.

Graduate Committee Signatures:

The signatures of the Committee Chairperson and at least one committee member are required to indicate approval of the Master's Project.

\_\_\_\_\_  
Signature of Chairperson of Graduate Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Graduate Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Graduate Committee Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Department Chairperson or Program Director

\_\_\_\_\_  
Date