

THE UNIVERSITY OF TEXAS AT SAN ANTONIO

Certification of Completion of Thesis Requirements for Master's Degree

To: University Registrar

This is to certify that the student named below has completed all requirements for the **THESIS** associated with the degree indicated and that the **THESIS** has been filled with this office.

Please Type:

Student's Name:

_____ (Last)

_____ (First)

_____ (Middle)

Student's ID Banner Number: _____

THESIS title (as it is to be listed on student's *OFFICIAL* records):

Semester hours of credit to be awarded for *Thesis* _____

Grade to be awarded for *Thesis* credit _____

Date *Thesis* approved and filed with Dean's Office _____

Degree to which *Thesis* credit applies (MA, MS, MBA; area and concentration):

_____ MS - PHYSICS _____

Notes:

Dean's Signature _____

Date _____

Dean, College of Sciences _____

(NOTE: The original copy of this *Certification* must be filed with the REGISTRAR'S OFFICE before the degree is awarded).

For **REGISTRAR'S OFFICE** use **only**:

- a) Credit and grade entered on student's record _____ Date _____
- b) Thesis title entered on student's record _____ Date _____
- c) Graduation check updated _____ Date _____
- d) Notes: _____