

## Completion of the M.F.A. Thesis Project SECTION I:

## STUDENT INFORMATION

Student Name	TUId	Email
Current Mailing Address		Home Telephone
Student Signature	Projected Graduation Date	Year entered the program

## SECTION III : CERTIFICATION OF COMPLETION

This Student has successfully completed Thesis Project and is hereby recommended for graduation.

Date of Public Defense of the Thesis Project: \_\_\_\_\_

Name of Committee Chair	Email address
Signature of Committee Chair	Date

Name of Committee Member	Email address
Signature of Committee Member	Date

Name of Committee Member	Email address
Signature of Committee Member	Date

Signature of FMA Graduate Director	Date
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