



## Graduate Admissions and Program Evaluations

### Verification of Culminating Experience

**From:** \_\_\_\_\_, Graduate Coordinator  
for the \_\_\_\_\_ program.

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ has satisfied all departmental requirements for award of the Master's degree:

- PLAN A – Thesis**
- PLAN B – Project**
- PLAN C – Creative Activity**

Final degree requirements were completed on \*\* \_\_\_\_\_

\_\_\_\_\_  
**Graduate Coordinator Signature**

\_\_\_\_\_  
**Date**

**\*\* Final degree requirements must be satisfied on or before the official graduation date to qualify for award of degree.**