



## Graduate Studies & Research

### Verification of Culminating Experience

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

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

**PS#:** \_\_\_\_\_ 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 \*\*** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

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

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