



TUSKEGEE UNIVERSITY

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Certification of Completion of Requirements – Thesis

Date: _____

Dr. Elaine Bromfield
Registrar
Tuskegee University
Tuskegee, AL 36088

Student Name: _____ ID: _____

Major Professor(s): _____

Thesis Title: _____

Dear Dr. Bromfield:

The student listed above joined Tuskegee University in _____ to pursue a master’s degree with thesis option in _____.

He/she was admitted to the candidacy for the degree on _____. As the transcripts attached with this document indicate, he/she has completed _____ credits of graduate courses. He/she is enrolled during the current semester for additional _____ credits of graduate courses.

He/she passed his/her final oral examination on _____.

We the undersigned certify that if the student completes all the courses listed above, he/she may be allowed to receive the master’s degree in _____.

Department Head/ Program Director

Dean of Graduate School

Cc: Registrar, Student, Program Coordinator, Academic Dean, Office of Graduate School