



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: \_\_\_\_\_

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