

M.S. GRADUATION CERTIFICATION FORM

Date of Thesis Defense: \_\_\_\_\_

To: CIS Records Officer  
From: Coordinator M.S. Degree Program  
Subject: M.S. Thesis Defense

This memorandum will verify that (print name as it appears on the Student Records System)

\_\_\_\_\_

has presented and successfully defended a M.S. Degree Thesis titled (please type).

Please proceed with the certification procedure for the degree.

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\_\_\_\_\_

\_\_\_\_\_  
Coordinator, M.S. Degree Program  
Chester F. Carlson  
Center for Imaging Science

Date: \_\_\_\_\_

Forwarding Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

