



## Completion of the M.F.A. Thesis Project

### SECTION I: STUDENT INFORMATION

Student Name	TUId	Email
Current Mailing Address		Home Telephone
Student Signature	Projected Graduation Date	Year entered the program

### SECTION II: THESIS PROJECT DOCUMENTATION

- Attach:  Production Notebook  
 Copy of the Completed Project  
 Committee Comments or Recommendations

Date of Public Defense of the Thesis Project: \_\_\_\_\_

### SECTION III: CERTIFICATION OF COMPLETION

This Student has successfully completed Thesis Project and is hereby recommended for graduation.

Name of Committee Chair	Email address
Signature of Committee Chair	Date

Name of Committee Member	Email address
Signature of Committee Member	Date

Name of Committee Member	Email address
Signature of Committee Member	Date

*Submit two copies of this form, with two sets of attachments, to 1) the current FMA Graduate Program Chair and to 2) Denise Lannon in the SCT Graduate Office.*