

Certification of Completion of Culminating Activity

Name ID#

Advisor Date

Area of Master’s Concentration (Please check current program):

Bilingual

Curriculum and Instruction:

Educational Administration

Counseling:

Specialty Options – Disciplines

Reading and Literacy

School Counseling

Field Based Specialty

Special Education

Student Affairs

Educational Technology

Early Childhood Education

This is to certify that _____ has successfully completed the

Thesis

Project

Examination

Under the direction of the following committee:

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Quarter(s) Enrolled

Course Number

Units

Grade

Coordinator of Graduate Studies

Date

For Office Use Only: Date Culminating Activity Filed in SOE Graduate Studies Office _____

Original: (1)SOE Graduate Studies File

Copies to: (2)Student

(3)Advisor

(4)Admissions & Records