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## Certification of Completion of Requirements Thesis

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

Dr. Elaine Bromfield  
Registrar

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Major Professor(s): \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Dr. Bromfield:

The student listed above joined Tuskegee University \_\_\_\_\_ with \_\_\_\_\_  
thesis option \_\_\_\_\_.

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

He/she passed his/her final examination on \_\_\_\_\_.

We the undersigned certify that if the student completes all the courses listed above, he/she may be  
allowed to graduate with the \_\_\_\_\_ degree.

\_\_\_\_\_  
Department Head/Program Director

\_\_\_\_\_  
Dean of Graduate School

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