Brandeis University
Graduate School of Arts and Sciences

# Certification of Master's Thesis Acceptance

_____ , a candidate for a Master's Degree in _____
*(Print) Student's Name* *Department/Program*

has successfully completed the Master's Thesis entitled:

_____

which requires no additional revisions and has been reviewed and approved by:

_____ _____ _____
*Thesis Advisor signature* *Printed Name* *Date*

_____ _____ _____
*Second Reader signature (if applicable)* *Printed Name* *Date*

_____ _____ _____
*Graduate Chair signature* *Printed Name* *Date*

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**Anticipated Graduation:** ◯ **August 20__** ◯ **February 20__** ◯ **May 20__**

**Other Committee Members** (if applicable)**:**

_____

_____

***By Submission deadline*** ***(refer to dates in Academic Calendar):***

1. ***This form must be signed by both Graduate Chair and Thesis Advisor (even if it is the same individual) and returned to Richard Cunnane (rcunnane@brandeis.edu) at least one day prior to submission deadline.***
2. ***Thesis must be electronically deposited by submission deadline.***