

**COMPLETION OF MASTER’S DEGREE REQUIREMENTS**

**NAME:**

**PROGRAM/CONCENTRATION:**

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**PART I:** This is to certify that the above-named student passed the:

 Oral Defense of Project

 -- or -- (*please circle one*)

 Oral Defense of Thesis

**Advisor:** **Date:**

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**PART II:** This is to certify that the final revision of the above-named student’s PROJECT/THESIS has been approved

**Advisor:**

**Date:**

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# FINAL NAME OF THESIS or PROJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# PLEASE SUBMIT SIGNED FORM TO RSENR GRADAUTE PROGRAM COORDINATOR – RSENR\_Grad\_Coord@uvm.edu

**A copy will be forwarded to the Graduate College.**

 Date Recorded And Sent To The Graduate College:

 Last Updated 1.21.22