

**TEXAS WOMAN'S UNIVERSITY-GRADUATE SCHOOL
CERTIFICATION OF FINAL EXAMINATION**

Date of Examination

To the Dean of the Graduate School:

The undersigned have on this date examined (Name of Candidate and ID#):

[Name]

[ID#]

for the degree of: _____

and hereby certify that the examination has been successfully completed. This

professional paper thesis dissertation

has been reviewed by each of us and is approved.

Major Professor [Signature]
[Type Name]

[Date]

Member [Signature]
[Type Name]

[Date]

Member [Signature]
[Type Name]

[Date]

Member [Signature]
[if appropriate] [Type Name]

[Date]

Chair/Director/Associate Dean [Signature]
[Type Name]

[Date]

According to departmental records, this student has met all requirements for graduation.

Major Professor

NOTE: If filing a Professional Paper please attach a copy of the TITLE PAGE.