

## M-Form: For Verifying Completion of Graduate Program Requirements for Master's Degrees With Thesis and All PhD Degrees

**M-Form Due Date:** [grad.buffalo.edu/succeed/graduate/requirements.html](http://grad.buffalo.edu/succeed/graduate/requirements.html)

For Degree Conferral on: February 1, 20\_\_\_\_\_ June 1, 20\_\_\_\_\_ September 1, 20\_\_\_\_\_

Student Name \_\_\_\_\_ Person Number \_\_\_\_\_

**Program Requirements:** I have examined the UB transcript and department record of the above-named student and confirm that the student has completed all program and departmental requirements for the:

(degree type) \_\_\_\_\_ in (program title) \_\_\_\_\_

in the department of \_\_\_\_\_.

Chair/Dir. of Grad. Studies \_\_\_\_\_  
Name Signature Date

**Thesis or Dissertation Defense:** We certify that on (date) \_\_\_\_\_, the above named student successfully defended their master's thesis or doctoral dissertation.

Major Advisor(s) \_\_\_\_\_  
Name Signature Date

Committee Member \_\_\_\_\_  
Name Signature Date

Committee Member \_\_\_\_\_  
Name Signature Date

Committee Member (optional) \_\_\_\_\_  
Name Signature Date

**Student Attestation of Thesis or Dissertation Originality and Integrity:** With my signature below, I attest to the originality and integrity of the master's thesis or PhD dissertation that I have submitted to my advisor(s) and committee for final review and approval. All work therein is original or properly attributed and cited.

Student \_\_\_\_\_  
Name Signature Date

**Faculty Acceptance of Final Thesis or Dissertation Document:** On (date) \_\_\_\_\_, I received the above-named student's final thesis or dissertation. I certify that this document, including revisions since it's defense, has been fully examined and approved by myself and all committee members. We deem it acceptable for final submission to the Graduate School in fulfillment of the requirements for the degree indicated above, in the program requirements section.

Title of Final Thesis or Dissertation:

Major Advisor(s) \_\_\_\_\_  
Name Signature Date

Chair/Dir. of Grad. Studies \_\_\_\_\_  
Name Signature Date

**Submit completed form to the Graduate School in 408 Capen Hall.**