

**CERTIFICATION OF COMPLETION  
OF DEGREE REQUIREMENTS**

**The Graduate School  
Louisiana Tech University**

TO: The Dean of the Graduate School

DATE: \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_,  
candidate for the degree of \_\_\_\_\_,  
in the College of \_\_\_\_\_,  
has completed all requirements for the said degree. The degree will be conferred at commencement  
exercises on \_\_\_\_\_.

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Dean of the College

cc: Registrar