

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

M-Form Due Date: buffalo	.edu/grad/succeed/gra	duate/electronic-subn	nission.html	
For Degree Conferral on: February 1, 20 (Fall)		June 1, 20 (Spring)	August 31, 20 (Summer)	
Student Name		Person Number		
Program Requirements: I and confirm that the studer		· · · · · · · · · · · · · · · · · · ·	rtment record of the above-natal requirements for the:	amed student
(degree type)	in (program title) _			
in the department of				
Chair/Dir. of Grad. Studies	Print Name		Signature	Date
	fense: We certify that	on (date)	, the above nam	
Major Advisor(s)			Signature	
Committee Member		Sign	Signature	
Committee Member		Sign	Signature	
Committee Member (option	nal) Print Name	Sign	ature	Date
the originality and integrity committee for final review a	of the master's thesis	or PhD dissertation th	rity: With my signature below at I have submitted to my advroperly attributed and cited.	
Student	Print Name	Sign	ature	Date
above-named student's fina defense, has been fully exa	al thesis or dissertation amined and approved b Graduate School in fulf ion.	 I certify that this doc by myself and all com 	(date), I cument, including revisions si mittee members. We deem it nents for the degree indicated	nce it's : acceptable
Major Advisor(s)				
, ,	Print Name	Sign	ature	Date
Chair/Dir. of Grad. Studies	Print Name	Sign	ature	Date

Submit completed form to the Graduate School at grad@buffalo.edu.