MTS Thesis Certification

Registrar's Office

847-866-3905 | 847-866-3884 fax | 2121 Sheridan Road | Evanston, Illinois 60201 | 800.SEMINARY | www.garrett.edu

I certify that the MTS thesis for _____ and titled

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_____

has been carefully reviewed and is acceptable as partial fulfillment for the MTS graduation requirement.

Signature of Thesis Advisor: _____ Date: _____

NOTE: *This signed form must be submitted to the Registrar by the deadline listed on the Academic Calendar.*