



FAMILY/ SURNAME / LAST NAME	GIVEN NAME(S)	STUDENT NUMBER
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MBA Non-thesis: Thesis:

I hereby certify that the above student, who is a candidate for the degree of Master of Business Administration in the Edwards School of Business, has met all the requirements for its award.

Date of first registration in courses accepted for credit toward this MBA: _____

1. Course requirements completed for the above degree (list courses and marks obtained)

CORE CLASSES	ELECTIVES

2. Course requirements to be completed (subject to submission of final grades): _____

3. Courses taken at other universities and recommended for credit (official transcripts attached; indicate U of S course equivalent): _____

4. Other requirements (e.g., prerequisites, practical, clinical work, conditions) fulfilled for credit (give year/ mark if applicable): _____

5. Grade Point Average: _____

6. Thesis Topic (if appropriate) - as it appears on the title page and front cover of thesis:

On behalf of the Department/College, I recommend that the candidate's name go forward to the Faculty of the College of Graduate Studies and Research for award of this degree. I certify that all core courses and examinations required by the department/college have been completed.

(Authorizing Unit Head - PLEASE PRINT)

(Authorizing Unit Head - SIGNATURE)

DATE SUBMITTED: _____