

# Thesis Completion Certification

## Enrollment Services

Phone 626.396.2313

Fax 626.396.2209

enrollmentservices@artcenter.edu

## Student Information

\_\_\_\_\_  
Last Name                      First Name                      Student ID                      Phone                      Major

## Statement

This is to certify that the above student has submitted their thesis. The Thesis Committee and the Department Chair has approved the thesis. The student is now eligible to receive their degree which will be dated as of the next graduation ceremony.

## Thesis Committee

Names of Thesis Committee:

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
PRINT Name

## Department Chair Signature

By signing this form, I acknowledge that I have approved the above student's thesis completion.

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

## Enrollment Service

\_\_\_\_\_  
Enrollment Services Signature

\_\_\_\_\_  
Date Received

ArtCenter College of Design

1700 Lida Street, Pasadena, California 91103