



CALIFORNIA STATE UNIVERSITY, LONG BEACH

DEPARTMENT OF MATHEMATICS AND STATISTICS

CERTIFICATION OF DEGREE REQUIREMENTS

This form is provided as a service to graduate students needing documentation that verifies *completion of degree requirements*. This letter will be prepared ONLY AFTER ALL PLAN OF STUDY GRADES HAVE BEEN POSTED, and all terminal activities have been completed. **Expect Two Days for processing.**

DATE: _____

Print Name: _____

CSULB ID number _____ Phone: _____

Master of Science in: _____

Call me when form is ready for pick-up (provide phone number) _____

Mail Form (provide address) _____

Fax Form (provide fax number) _____

Email Form (provide name & email address) _____

CERTIFICATION

I certify that the above-named student has satisfied all requirements for the stated Graduate Program and that I have the authority to make this certification.

Chair Signature: _____ Date: _____

or

Graduate Advisor Signature: _____ Date: _____