



Final Certification for the DMA Degree

This document is to certify that the following student has successfully completed all the requirements for the degree of Doctor of Musical Arts.

Name _____ SID _____

Number of coursework hours required for the degree _____

Date of comprehensive exam _____

Academic Advisor Certification

The undersigned certifies that the aforementioned student has successfully completed the comprehensive exam and all lecture-recitals, and that all required documents have been submitted and approved.

Advisor _____ Date _____

Chair's Certification for Degree Completion

The undersigned certifies that the aforementioned student has satisfied all departmental requirements and is recommended for the degree of Doctor of Musical Arts.

Department Chair/Program Director _____ Date _____