

**COLORADO SCHOOL OF MINES
OFFICE OF GRADUATE STUDIES
Statement of Work Completion**



To: Graduate School

By affixing signatures below, the advisor(s) and thesis committee members affirm that _____ has successfully

_____ Student's Name
completed all of the requirements for the degree

_____ Degree Title

including:

1. Completion of all courses listed on the Admission to Candidacy form dated _____ with a cumulative grade point average of _____ . mm/dd/yy

Thesis-based students:

2. Successful defense of thesis on _____ by a vote of Pass _____ , Fail _____ , Abstain _____ .
mm/dd/yy #votes #votes #votes

Advisor/Date

Advisor/Date

Committee Member/Date

Committee Member/Date

Committee Member/Date

Committee Member/Date

Committee Member/Date

Committee Member/Date

Reviewed By:

Department Head/Division Director/Date

Department Head/Division Director/Date