

**University of Oregon**  
**Department of Philosophy**

Certificate of Completion for Master's Degree

Effective Term: \_\_\_\_\_ Date of Thesis Defense: \_\_\_\_\_

Student name: \_\_\_\_\_ UO ID #: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

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Signatures below certify that the student named above has completed all departmental requirements for the MA degree with a major in Philosophy.

Thesis Committee: \_\_\_\_\_ (Chair)  
Please Print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print

(Member)

\_\_\_\_\_  
Signature

Return completed form to Philosophy Department Graduate Program Coordinator