



## Office of Graduate Studies

320 W. 12<sup>th</sup> Street | G8 Norwood Hall | Rolla, MO 65409  
573-341-4141 | grad@mst.edu | grad.mst.edu

Date

RE: Student Name

Graduate Program: Certificate Title

To Whom It May Concern:

The Office of Graduate Studies at Missouri University of Science and Technology has reviewed the academic records of student name. As of Date, he/she has satisfactorily completed the four course sequence requirement for the Certificate Title.

Sincerely,

Costas Tsatsoulis  
Vice Chancellor of Research  
and Dean of Graduate Studies



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**Current Date**

**RE: Student Name**  
**Graduate Program: Certificate Title**

To Whom It May Concern:

The Office of Graduate Studies at Missouri University of Science and Technology has reviewed the program requirements for the Graduate Certificate in **Certificate Title** and the academic records for **Student Name**. The Graduate Certificate in **Certificate Title** requires a minimum of **12 credit hours of coursework**. **Student Name** has completed **9 credit hours** and is currently enrolled in the remaining **3 credit hours** for **Fall Semester 2018**. **He/she** is currently on the **December 2018** commencement list that is to be presented to the Missouri S&T Graduate Faculty.

As soon as the grades for **his/her 3 credit hours** for **Fall Semester 2018** are posted we can complete a degree audit and check to confirm that **S Student Name** has completed all degree requirements for the Graduate Certificate in **Certificate Title**.

Sincerely,

Costas Tsatsoulis  
Vice Chancellor of Research  
and Dean of Graduate Studies



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Date

**RE: Student Name**

**Graduate Program: M.S. Degree in Program Name**

To Whom It May Concern:

The Office of Graduate Studies at Missouri University of Science and Technology has reviewed the program requirements for the **Master of Science in Program Name**, and the academic records for **Student Name**. **Student Name's** master's degree program requires a minimum of **30 credit hours of coursework**. **Student Name** has completed **24 credit hours** and is currently enrolled in the remaining **six credit hours** for **Fall Semester 2018**. **He/she** is currently on the **December 2018** commencement list that is to be presented to the Missouri S&T Graduate Faculty.

As soon as the grades for **his/her six credit hours** for **Fall Semester 2018** are posted, we can complete a degree audit review to confirm that **Student Name** has completed all requirements for the Master of Science in **Program Name**.

Sincerely,

Costas Tsatsoulis  
Vice Chancellor of Research  
and Dean of Graduate Studies



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Date

RE: **Student Name**

Graduate Program: **M.S. Degree in Program Name**

To Whom It May Concern:

The Office of Graduate Studies at Missouri University of Science and Technology has reviewed the academic records of **Student Name**. As of **date**, **he/she** has satisfactorily completed all requirements for the **Master of Science in Program Name**, and is currently on the **December 2018** commencement list that is to be presented to the Missouri S&T Graduate Faculty.

As soon as the semester closes, all final grades are posted, and the commencement list is approved, we can complete a graduation audit and the degree can be awarded.

Sincerely,

Costas Tsatsoulis  
Vice Chancellor of Research  
and Dean of Graduate Studies



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**Date**

U.S. Citizenship and Immigration Service  
I-129 Processing Unit

**RE: Student Name**

To Whom It May Concern:

With verification from Dr. Costas Tsatsoulis, Vice Chancellor of Research and Dean of Graduate Studies, I confirm that on **August 16, 2018**, **Student Name** completed all required coursework and satisfied all requirements for a **MS** degree in **Program Name**.

Please do not hesitate to contact me if you have any questions.

Sincerely,

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Deanne Jackson  
Registrar

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Costas Tsatsoulis  
Vice Chancellor of Research  
and Dean of Graduate Studies