



AUBURN UNIVERSITY GRADUATE SCHOOL

CERTIFICATION OF GRADUATE RESIDENCY

Required for all graduate research degrees involving the production of a thesis or dissertation

_____	_____
Student Last Name, First Name MI	SID/SSN
_____	_____
Department	Degree Program

Major Professor Last Name, First Name MI	

By our signatures, we certify that the Auburn University graduate student identified above:

- ! will be or has been directly engaged in research with the major professor;
- ! will have or has had access to the research tools needed for the research program;
- ! will be or has been immersed in the culture or atmosphere of graduate education;
- ! will be or has been engaged in the professional activities of the discipline; and
- ! will have or has had the time to concentrate and complete the research activity in a reasonable period of time.

_____	_____
Student	Date
_____	_____
Major Professor	Date
_____	_____
Department Head or Chair	Date