



CERTIFICATION OF COMPLETION OF DISSERTATION REQUIREMENTS FOR DOCTORAL DEGREE

To Registrar: This is to certify that the student named below has completed all requirements for the dissertation associated with the degree indicated and that the dissertation has been filed with this office.

STUDENT INFORMATION

Name myUTSA ID

Dissertation Title (as it is to be listed on the student's official records)

Semester hours of credit to be awarded for dissertation: _____

Grade to be awarded for dissertation credit: _____

Date dissertation approved by committee: _____

Degree to which dissertation applies (Ph.D., Ed.D, area and concentration): _____

DISSERTATION COMMITTEE MEMBERS

Chair, Signature Print Name Date

Member, Signature Print Name Date

Member, Signature Print Name Date

Member, Signature Print Name Date

Outside Member, Signature Print Name Date

DEPARTMENT

Department Chair, Signature Print Name Date

COLLEGE

Associate Dean of the College, Signature Print Name Date

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby Approve Deny the request.

Vice Provost and Dean of The Graduate School Date

OFFICE OF THE REGISTRAR

A] Credit and grade entered on student's record? _____ B] Dissertation title entered on student's record? _____
C] Graduation check updated? _____ D] Student notified? _____ E] Notes _____