



## CERTIFICATION OF COMPLETION OF DISSERTATION REQUIREMENTS FOR DOCTORAL DEGREE

### STUDENT INFORMATION

Name \_\_\_\_\_ Banner 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: \_\_\_\_\_

Ph.D. in: \_\_\_\_\_

### DISSERTATION COMMITTEE MEMBERS

_____	Print Name	Date
_____	Print Name	Date
_____	Print Name	Date
_____	Print Name	Date
_____	Print Name	Date
_____	Print Name	Date

### DEPARTMENT

Department Chair, Signature _____	Print Name _____	Date _____
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### COLLEGE

Associate Dean of the College, Signature _____	Print Name _____	Date _____
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### THE GRADUATE SCHOOL

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

Vice Provost and Dean of The Graduate School, Signature _____	Date _____
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### 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 \_\_\_\_\_