



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 _____