



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)

Program: _____ Date dissertation approved by committee: _____

Total dissertation hours to be awarded: _____

Letter grade to be awarded for dissertation credits: _____

Total doctoral research hours to be awarded, if applicable: _____

Letter grade to be awarded for doctoral research credits, if applicable: _____

DISSERTATION COMMITTEE MEMBERS

Select	_____ Print Name	_____ Department
Select	_____ Print Name	_____ Department
Select	_____ Print Name	_____ Department
Select	_____ Print Name	_____ Department
Select	_____ Print Name	_____ Department
Select	_____ Print Name	_____ Department

DEPARTMENT

Department Chair, Signature _____ Print Name _____ Date _____

COLLEGE

Associate Dean of the College, Signature _____ Print Name _____ Date _____

THE GRADUATE SCHOOL

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