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*

Form updated Fall 2026