



DIVISION of ACADEMIC AFFAIRS
School of Graduate Studies

CERTIFICATION OF COMPLETION OF DOCTORAL DEGREE

Student's Name: _____ Student's I.D.: _____
Last First Middle

Advisor: _____ Degree Program: _____

We certify that _____ is a candidate for a
 Doctor of _____ degree and seeks the degree at the
 commencement on _____. He / She has met all requirements of the
 department or program for the degree including (as applicable):

Dissertation or Extensive Research Project: _____
 Date of Completion

Advancement to Candidacy: _____
 Date of Completion

Comprehensive Examination(s): _____
 Date of Completion

Internship or Clinical Affiliation: _____
 Date of Completion

APPROVALS:

 Graduate Program Coordinator

 Date

 Department Chairperson

 Date

 Dean of School

 Date

 Dean of Graduate Studies

 Date