



**CERTIFICATION OF COMPLETION
OF DOCTORAL DISSERTATION**

(to be filed with the Graduate School at least two weeks prior to the final examination)

Date: _____

To: Dean of the Graduate School

From: _____
Dissertation Chair *Program*

The undersigned members of the student's Doctoral Examination Committee hereby certify that the dissertation written by

Student's Name: (Last, First, M.I.)

Student ID

entitled

is ready to be defended.

APPROVAL SIGNATURES		
Please type and sign		
Dissertation Committee Chairperson:	Signature:	Date:
Dissertation Committee Co-Chairperson:	Signature:	Date:
Dissertation Reader: (1)	Signature:	Date:
Dissertation Reader: (2)	Signature:	Date:
Graduate Program Director:	Signature:	Date:

Date of Final Examination: * _____
Month / Day / Year

* The examination committee must be permitted sufficient time in which to review the dissertation and return this form to the Graduate School at least two weeks (10 working days) prior to the date of final examination.