



CERTIFICATION OF COMPLETION OF DISSERTATION REQUIREMENTS FOR DOCTORAL DEGREE

To Registrar: This is to certify that the student named below has completed all requirements for the dissertation associated with the degree indicated and that the dissertation has been filed with this office.

STUDENT INFORMATION

Name _____ myUTSA 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: _____

Degree to which dissertation applies (Ph.D., Ed.D, area and concentration): _____

DISSERTATION COMMITTEE MEMBERS

Chair, Signature _____ Print Name _____ Date _____

Member, Signature _____ Print Name _____ Date _____

Member, Signature _____ Print Name _____ Date _____

Member, Signature _____ Print Name _____ Date _____

Outside Member, Signature _____ Print Name _____ Date _____

DEPARTMENT

Department Chair, Signature _____ Print Name _____ Date _____

COLLEGE

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

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby Approve Deny the request.

Vice Provost and Dean of The Graduate School _____ Date _____

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 _____