

Program Statement on Completion of PhD Requirements

This is to certify that the student named below has completed all requirements established by the graduate program for the degree of Doctor of Philosophy.

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| Student Name: | Enter text. |
|  |
| URID: | Enter text. | Program Name: | Choose an item. |

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| All required courses listed on the approved Program of Study have been taken, passed and graded. Any missing or I (incomplete) grades have been reported to the Registrar prior to the submission of this form. | Yes [ ]  | No [ ]  |

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| All program requirements, including annual evaluations, presentations, publications, etc. have been satisfied prior to the submission of this form. | Yes [ ]  | No [ ]  |

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| Have any courses or program requirements been waived? If yes, list waived courses or requirements below. | Yes [ ]  | No [ ]  |

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| Enter text. |  |

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| Is supervised teaching required for the degree? If yes, when was the requirement satisfied? | Yes [ ]  | No [ ]  |
| Enter text. |  |

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| Has Advisory Committee membership changed since the qualifying examination? If yes, list changes below. | Yes [ ]  | No [ ]  |
| Enter text. |  |

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| Date of Qualifying Exam: | MM/DD/YYYY | Date of last Advisory Committee Meeting: | MM/DD/YYYY |

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| Program Director Signature | Date |