UTSA
THE GRADUATE SCHOOL
The University of Texas at San Antonio
One UTSA Circle | San Antonio, Texas 78249

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

_____ _____ _____ _____
Last Name *First Name* *Middle Name* *Student 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, *Date*

_____ _____
Member, *Date*

_____ _____
Member, *Date*

_____ _____
Member, *Date*

_____ _____
Outside Member, *Date*

DEPARTMENT

_____ _____
Department Chair, *Date*

COLLEGE

_____ _____
Associate Dean, *Date*

THE GRADUATE SCHOOL

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

_____ _____
Vice Provost and Dean of The Graduate School, Dr. Debrenna Agenyiga *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 _____