

Final Certification for the PhD Degree

Oral Dissertation Examination

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Name _____ SID _____

Department/Program _____ Date of Defense _____

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Committee Chair Name (Please print legibly)	Signature
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CWRU Faculty Member Name	Signature
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Submission of Dissertation

When all corrections to the dissertation manuscript have been completed, the research committee chair will sign for the entire committee.

Completed • † ‘ ^ • ^ ” • • approved on _____

Committee Chair _____

Chair's Certification for Degree Completion

When all appropriate course work has been taken, the dissertation defended, all corrections made, and the final manuscript completed, the Department Chair or Program Director will sign and recommend certification for the student to graduate.

The undersigned certifies that the aforementioned student has satisfied all departmental requirements and is recommended for the degree of Doctor of Philosophy.

Department Chair/Program Director _____ Date _____