

Office of the Registrar

Certification of the Completion of Required Course Work

I certify that

(Name and Student Identification Number)

Date

has completed all required courses toward the doctoral degree in the Ph.D. Program in

(Discipline)

The term ending

(Month and Year)

Signature of Executive Officer

Verification of Permanent Record

Credits completed by student

(Including INC, ABS, NGR, and SP)

Date

For the Senior Registrar

Approved:

Date

Dean for Academic Affairs