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STUDENT INFORMATION

LAST _____ FIRST _____ MIDDLE INITIAL _____

PROGRAM _____

ANTICIPATED DEGREE DrPH MA (THESIS) MS PhD

ORAL DEFENSE DATE _____ DEGREE COMPLETION DUE DATE _____

COMMITTEE RECOMMENDATIONS

Below, each committee member and the committee chair need to approve or deny both the completion of the oral defense and final version of the dissertation or thesis.

	Printed Name	Signature	Date	Approve	Deny*
Committee Member					
Committee Member					
Committee Member					
Committee Member					
Committee Member					
Committee Member					
	Printed Name	Signature	Date	Approve	Deny*
Mentor (Committee Chair)					

*Deny explanation(s):

PROGRAM DIRECTOR RECOMMENDATION

Upon review of the committee and committee chair recommendations above, and review of program specific requirements for this student, I recommend the Graduate School:

Award the degree Not award the degree

NAME _____ SIGNATURE _____ DATE _____

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