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STUDENT INFORMATION

LAST _____ FIRST _____ MIDDLE INITIAL _____

PROGRAM _____

ANTICIPATED DEGREE DrPH MA (THESIS) MS PhD

ORAL DEFENSE DATE _____ DEGREE COMPLETION DEADLINE _____

COMMITTEE RECOMMENDATIONS

	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

Award the degree Not award the degree

NAME _____ SIGNATURE _____ DATE _____

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