

Report on Completion of Degree Form

Student Name: _____

Address: _____

Phone: _____ Email: _____

NUID: _____ Degree/Major: _____

Dissertation, Thesis or Thesis-Equivalent Project, EdS field Project Title (EDT)

Signatures of Supervisory Committee to Approve (EDT)

1. _____	Date: _____
2. _____	Date: _____
3. _____	Date: _____
4. _____	Date: _____
5. _____	Date: _____

Supervisory Committee Chair

- Dissenting vote/s (if any):

NOTE: A dissenting vote must be accompanied with a written explanation. If more than one committee member dissents, the student does not complete the degree.

Electronic copy submitted: Yes No

Confirmation Date: _____

- Upon satisfactory completion of the above requirements, the candidate is reported to the Faculty of the Graduate College as having fulfilled requirements for the indicated degree.

Signature-Dean of Graduate Studies

Date