



Student _____ GWID _____

Department/Program _____ Degree _____

Director of Graduate Studies: _____

DGS Signature _____ Date _____

(signature not required if submitted electronically)

Completed credit hours (excluding 8999, UNIV 0250, CCAS 0940) _____

(must be at least 48- exceptions must be approved by the Dean)

General Examination title

Date passed

Special departmental requirements (if applicable)

Date satisfied

Dissertation Information

Topic/Title _____

Director (& Co-Director) _____

Readers _____

CCAS use only

Coordinator _____ Program in DegreeMap? Yes ___ No ___

Transfer Credits _____ Coursework Credits _____ Total Credits _____

Move to Candidacy Yes ___ No ___

Attribute added in Banner _____

Approved by _____ Date _____

Notes: _____

C-track updated _____ Email Sent _____