

Dissertation Completion Certificate Form/ Project Completion

Student Information

Last Name		First Name	
GWID		GW Email	@gwmail.gwu.edu
Field of study		Degree	<input type="checkbox"/> M.S/MEng <input type="checkbox"/> Ph.D
Department		Examination Date	
Advisor's Name		Qualifier Date:	
Research Advisor		Proposal Date:	
Graduation Semester		Research Hours Completed	

Recommendation

Reason Code

Passed Rejected Failed

Examining Committee Members (Names and Signatures)

1.	Chair of Committee:
2.	
3.	
4.	

Publication Requirement

Name of Paper	
Authors	
Venue of Submission	
Submitted	Accepted: <input type="checkbox"/> Plan to Submit: <input type="checkbox"/>

Required Signatures

Department Chair Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove			
Department Chair Decision	Last Name		Date	
<i>Submit to Student Services and Advising Office for Associate Dean's Review</i>				
Associate Dean Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove			
Associate Dean Signature	Last Name		Date	

For Advising Office Use Only

Submit forms to:
 SEAS Student Services and Advising
 Science & Engineering Hall, Suite 2500
 Graduate - seasgrad@gwu.edu