

GRADUATE SCHOOL

Written Dissertation (Ph.D.) Approval Form

Student Name:			
Student Email Address:			
College:		Major:	
Date of Defense:			
Anticipated Submission/Gra	duation: Fall 🗆 Spri	ing □ Summer □ Year:	<u>_</u>
Dissertation Title:			
• • • • • • • • • • • • • • • • • • • •	r this Ph.D. degree. We a g and approval.	ad and examined this manuscript and certipprove the content of the dissertation to be	• •
Committee Chair	Date	Division Chair	Date
Committee Member	Date	College Dean	Date
Committee Member	Date	Graduate School Dean	Date
Committee Member	Date	_	

The student must submit the Written Dissertation Approval Form with all required original signatures to the Graduate School. Student must submit a PDF version of their dissertation to thesis@tamiu.edu. Students must clear the Graduate School formatting requirements within a year of their final defense. To graduate in a given semester, a student must meet the Graduate School scheduled deadline for submittal of the signed approval form and the dissertation in final form.

Submit form with all required information, signatures, electronic approvals/emails/signatures to: Graduate School | Senator Judith Zaffirini Student Success Center, Suite 223