

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:

Plan to Submit:

Required Signatures

Chairman Decision

Approve Disapprove

Chairman Signature

Last Name

Date

Submit to Student Services and Advising Office for Associate Dean's Review

Associate Dean Decision

Approve 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