

# Doctoral Final Examination Approval Form

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		Date	
Advisor's Name		Research Advisor	
Dissertation Title: Abstract Must be attached.			

<b>Proposed Date:</b> At least 3 weeks in advance of today's date	
<b>Decision</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

<b>Proposed Committee (Names, Organization, Title)</b>
1. Chair of Committee:
2. Advocate(s)
3.
4.
5.

Required Signatures					
Chairman Decision	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove				
Chairman 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