



CERTIFICATION OF COMPLETION OF DOCTORAL PROJECT

This form must be submitted by the final deadline established by the Graduate College for the graduation semester.

| Date Approved | _ |
|--|------------|
| Student's name | Student ID |
| Degree soughtDep | ot |
| Graduation date: | |
| Doctoral Project Title: | |
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| The Doctoral Project listed above has been read and review approved by the committee chair and members, and is ready | |
| | |
| NAME OF COMMITTEE CHAIR (TYPE) | SIGNATURE |
| | |
| NAME OF COMMITTEE MEMBER (TYPE) | SIGNATURE |
| NAME OF COMMITTEE MEMBER (TYPE) | SIGNATURE |
| NAME OF COMMITTEE MEMBER (TYPE) | SIGNATURE |

Please submit the signed copy to the Graduate College or send it to ETD@utrgv.edu.