



The Graduate School

Doctoral Degree Notice of Completion

Name

NSHE ID

Email

Graduate Program and Degree

Dissertation: Defense Date _____

Satisfactory ☐ Unsatisfactory ☐

Major Advisor/Committee Chair Signature

Print Name

Date

Co-Advisor/Comm. Co-Chair Signature (If Applicable)

Print Name

Date

Committee Member Signature

Print Name

Date

Committee Member Signature

Print Name

Date

Committee Member Signature

Print Name

Date

Committee Member Signature

Print Name

Date

Graduate School Representative Signature

Print Name

Date

Graduate Program Director's Signature

Print Name

Date

Graduate Dean's Signature

Print Name

Date

Comments:

Evaluator Signature

Date