



## DOCTORAL PROGRAMS

### August Graduates Approval Form for May Commencement Participation

Name: \_\_\_\_\_ Penn ID: \_\_\_\_\_

Department: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the dissertation committee:

Student's confirmed defense date: \_\_\_\_\_

By signing this form, you as committee members have confirmed that the student will complete the dissertation by the date above and degree requirements for the August graduation deadlines.

**Supervisor:** \_\_\_\_\_ Signature: \_\_\_\_\_

**Chair:** \_\_\_\_\_ Signature: \_\_\_\_\_

(leave blank if no chair)

**Member:** \_\_\_\_\_ Signature: \_\_\_\_\_

**Member:** \_\_\_\_\_ Signature: \_\_\_\_\_

**Member:** \_\_\_\_\_ Signature: \_\_\_\_\_

Dept. Ph.D. Coordinator's Recommendation

\_\_\_\_\_ Approve \_\_\_\_\_ Deny

Signature of Dept. Ph.D. Coordinator \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Request approved \_\_\_\_\_ Request denied

Signature of Vice Dean \_\_\_\_\_ Date \_\_\_\_\_