



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 _____