USC University of Southern California

Verification of Completion of the Requirements for the Ph.D. Doctoral Degree

Student completes this section.

☐ Ph.D. ☐ Other _____

Name_____
Last First Middle

Address_____
Street City State Zip

Telephone Number_____ **Email**_____

Student I.D. No._____ **Major**_____ **Post**_____

Students are required to attach a copy of their STARS report to this form showing completion of all requirements for the degree.

Graduate Student Advisor completes this section.

☐ Continuous Enrollment or Readmission requirements met

☐ All units towards degree have been taken

☐ All USC & transfer courses applied

☐ Time Extensions applied (if needed)

☐ Substitutions/waivers applied (if needed)

☐ GPA requirement met (≥ 3.0)

☐ Departmental Approval granted
Date:_____

OR

☐ Comprehensive Examination passed
Date:_____

OR

☐ Departmental Project completed
Date:_____

Signature of Faculty Advisor & Date _____

Dean, Department Chair, or Director completes this section.

**I verify that the above student has successfully completed all the requirements for the Doctoral degree.*

_____ _____ _____
(Dean /Department Chair/Director Signature) (Dean /Department Chair/Director Printed Name) Date

For Internal Use Only
Date of completion entered on SIS by Graduate Advisor _____ _____
Signature of Graduate Advisor Date

NOTE: This form should be kept in the student's file.