



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

Ph.D. Student I.D. No. _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number _____ **Email** _____

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

GPA requirement met (≥ 3.0)

All units towards degree have been taken

Departmental Approval granted
Date: _____

OR

All USC & transfer courses applied

Comprehensive Examination passed
Date: _____

OR

Time Extensions applied (if needed)

Departmental Project completed
Date: _____

Substitutions/waivers applied (if needed)

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.