



GRADUATE SCHOOL

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DISSERTATION DEFENSE FORM FOR DOCTORAL STUDENTS Submit to the Graduate School

Date: _____ Student ID: _____

This is to certify that (Student Name): _____ successfully defended the dissertation on: ____/____/____

Degree: _____ Major: _____

If needed, supplementary requirements such as publications or conference presentations as described below, have also been successfully completed. A memo is attached listing pending requirements not included below.
Supplementary Requirements: _____
Verified by (Name & Title): _____

Supervising Committee

Name of Chair/Co-Chair

Signature

Name of Committee Members

Signature

Title of Dissertation: _____

Doctoral Program Director Printed Name

Doctoral Program Director Signature

Date

College Dean Signature

Date