



The Graduate School
 Academic Services Building, Room 223
 The University of Texas at El Paso
 500 W. University Avenue El Paso, Texas 79968
 (915) 747-5491 Fax (915) 747-5788
<http://www.utep.edu/graduate>

Completion/Defense Form

Submit to the Graduate School

This is to certify that _____ Student ID _____

successfully passed the _____ administered on _____

Department: _____ College _____

Type of Degree Plan: _____

Title of Thesis,
 Dissertation,
 Project, etc. _____

Supervising Committee

Supervisor(s)	Name	Signature
_____	_____	_____
_____	_____	_____

Committee	Name	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supplementary Requirements (If applicable)

Supplementary Requirements Successfully Completed? _____

Description of Supplementary requirements: _____

Verified by (Name & Title) _____ Date _____

Graduate Advisor Signature & Date

College Dean Signature & Date