



Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Doctoral degree candidates are required to complete all program requirements (courses, examinations, dissertation proposal/defense/approval, etc.) prior to earning a Doctoral degree at the University of Illinois at Springfield.

Last Name	<input type="text"/>	First Name	<input type="text"/>	UIN
Degree (DPA, etc.)	<input type="text"/>	Major	<input type="text"/>	

The student listed above has completed all dissertation closure requirements at the University of Illinois at Springfield. In order for the Office of Records and Registration to consider this form complete, the signature of the department chair, college dean, and Vice Chancellor for Academic Affairs/Provost are required. These signatures indicate that all administrative processing has been properly completed.

Appropriate Approval Signatures	Role/Title (Committee Chair, etc.)	
_____	<input type="text"/>	Date <input type="text"/>
_____	<input type="text"/>	Date <input type="text"/>
_____	<input type="text"/>	Date <input type="text"/>
_____	<input type="text"/>	Date <input type="text"/>
_____	<input type="text"/>	Date <input type="text"/>
_____	<input type="text"/>	Date <input type="text"/>

_____	Department Chair (Required)	_____	Date
_____	College Dean (Required)	_____	Date
_____	Vice Chancellor for Academic Affairs/Provost (Required)	_____	Date

THIS FORM SHOULD BE SENT TO THE OFFICE OF RECORDS AND REGISTRATION. TO BE ELIGIBLE FOR GRADUATION IN A PARTICULAR SEMESTER, ALL GRADUATION PAPERWORK (INCLUDING THIS FORM) MUST BE RECEIVED BY THE OFFICE OF RECORDS AND REGISTRATION NO LATER THAN THE SCHEDULE DEADLINE.

For Office Use Only Processed By: _____ Date: _____

Original: Permanent File