Drexel University
Office of Graduate Studies
Completion Form

PhD students: please complete and submit this form to the Office of Graduate Studies in Randell 240 before the first day of final exam week for the term you plan to graduate.

Master's students: please obtain the required signatures and submit this form to your department.

Please type or print clearly.

Name to Appear on Diploma: _____
First Middle Last

Student ID #: _____Major: _____

Degree: ☐ Master's ☐ Ph.D.

Exact Thesis Title: _____

_____

_____

Graduation Term/Yr: _____ Signature: _____
F/W/Sp/Su Year

Please print the name of your supervising professor: _____

Reminder: Please be sure your address is correct to mail post-graduation materials, including your diploma. You can change your forwarding address via Drexel One.

E-Mail Address: _____

Certifications and Approvals:

Supervising Professor _____Date _____

Department Graduate Advisor _____ Date _____

Library _____ Date _____

☐ Drexel Exit Survey ☐ Survey of Earned Doctorates (available at Office of Graduate Studies)

After acquiring all signatures as listed above, bring the original form to the Office of Graduate Studies for final clearance and signatures.

Office of Graduate Studies _____Date _____

Official Use Only:
Academic Records Office _____