

Drexel University
Office of Research and Graduate Studies
Completion Form

PhD students: please complete and submit this form to the Office of Research and Graduate Studies, 240 Randell, 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 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 _____

University Archivist (PhD Only) _____ Date _____

Library _____ Date _____

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

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

Office of Research and Graduate Studies _____ Date _____

Official Use Only: Academic Records Office _____
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