

GRADUATE PROGRAM COMPLETION FORM

Instructions: This form must be completed and submitted to the Graduate College or Graduate School of Biomedical Science and Professional Studies, as appropriate, by the posted deadline with proof of electronic submission of thesis or dissertation to ProQuest, and with other materials as indicated below. **Reminders:** You must apply for graduation (degree application) in your DrexelOne portal by the posted deadline. Please note that you may not be cleared to graduate with grades of Incomplete (INC) or No Grade Reported (NGR). Please work with your professor(s) to resolve any outstanding work and final grades.

STUDENT INFORMATION

Your Name:	:				
	First		Middle	Last	
Student ID	Number:		Program:		
College/Sch	ool:				
Degree:	Master's	Doctoral	Specific Degree (e.g. I	Specific Degree (e.g. MA, EdD, PhD):	
Non-Drexel	/ Permanent Email	Address:			
Please be sure graduation me		dress is updated and	or correct in your DrexelOne porta	al for mailing your diploma and other post	
Graduation	Term or Semester	and Academic Ye	ear:		
			(e.g. Fall Quarter 201	8, Spring Semester 2019)	
Exact Thesi	s or Dissertation Ti	tle:			

An embargo is a delayed online release of your thesis or dissertation via electronic submission to ProQuest. Permission from your Academic Advisor or Mentor, as appropriate, is required. He/she must sign below **and** email the request to the University Archivist at <u>archives@drexel.edu</u>. He/she must also indicate the requested time for delay (e.g. 6 months, 1 year, or 2 years).

COMPLETION CHECKLIST

Please complete the following requirements prior to submitting this form:

Complete application for degree/graduation in DrexelOne for the appropriate quarter/semester and academic year

Resolve any grades of Incomplete (INC) or No Grade Reported (NGR)

Provide proof of online submission of thesis or dissertation to ProQuest (print email confirmation)

Send a PDF copy of completed thesis or dissertation to your Supervising Professor or Academic Administrator, as appropriate

Obtain final approval from the supervising professor or committee chairperson, as appropriate, on Page 2 of this form to certify that the format and contents of your thesis or dissertation are complete and correct according to University and department/program requirements

PhD/Doctoral Candidates ONLY: Complete the <u>Survey of Earned Doctorates (SED)</u> and <u>Drexel PhD/Doctoral Exit Survey</u>, as appropriate

APPROVAL SIGNATURES

I certify that all information provided is complete and correct.

Student Signature: Date: Printed Name of Academic Advisor (if applicable): Signature: Date: Printed Name of Committee Chairperson: Signature: Date: _____ **Printed Name of Faculty Mentor or Supervising Professor** (if not the committee chairperson): Date: _____ Signature: Printed Name of Department Head or Program Director: Signature: Date: _____ **Printed Name of Division Director** (if applicable): Signature: FINAL STATEMENT Acquiring all signatures above indicates that all information provided is complete and correct and that you have hereby completed the requirements for your degree. Please submit this completed form to the Graduate College or Graduate School of Biomedical Science and Professional Studies, as appropriate, to be approved and sent to the University Registrar for final degree clearance. You will NOT be cleared for your degree until this form is complete and all program and University requirements have been satisfied. Graduate College or Graduate Office (Academic Administrator) Signature: Date: _____