

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: Hunter	Michael	Kippen
Student ID Number: 13198404	Middle Program: Cybers	ecurity
College/School: College of Engin	eering	
Degree: Master's	Doctoral Specific Degree	(e.g. MA, EdD, PhD): MS
Non-Drexel / Permanent Email Addre	ess: hunter Kipt @ gmail.com	roud to astauth chanal to amad health.
graduation materials.		e portal for mailing your diploma and other post-
Graduation Term or Semester and Ad		
Exact Thesis or Dissertation Title: A	New Approach to Deter	iting Frame Deletion in
H. 264 Encoded Digital Video		7
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Are you requesting an Embargo?	No Yes (Please also select	t:) 6 mo. 1 yr. 2 yrs.
An embargo is a delayed online release of y	your thesis or dissertation via electronic steels, is required. He/she must sign below an	ubmission to ProQuest. Permission from your ad email the request to the University Archivist at months, 1 year, or 2 years).
COMPLETION CHECKLIST		
Please complete the following requirem	ents prior to submitting this form:	
Complete application for degree	e/graduation in DrexelOne for the app	ropriate quarter/semester and academic year
Resolve any grades of Incomple	ete (INC) or No Grade Reported (NGI	R) my and management and hashing any advantal
Provide proof of online submiss	sion of thesis or dissertation to ProQue	est (print email confirmation)
Send a PDF copy of completed appropriate	thesis or dissertation to your Supervis	sing Professor or Academic Administrator, as
	and contents of your thesis or dissertat	nairperson, as appropriate, on Page 2 of this ion are complete and correct according to
PhD/Doctoral Candidates ON Exit Survey, as appropriate	LY: Complete the Survey of Earned	Doctorates (SED) and Drexel PhD/Doctoral

APPROVAL SIGNATURES

I certify that all information provided is complete and correct.

Student Signature: With My W	Date: 06/08/2019
Printed Name of Academic Advisor (if applicable):	ri'edman
Signature: 100 Comments of the State of the	Date: 6/10/19
Printed Name of Committee Chairperson: JAMES A. SHACKLEFORD	Studens 4th Nambers 13198404
Signature: Jam J. Masson	Date: 06/04/2019
Printed Name of Faculty Mentor or Supervising Professor (if not the commit	ttee chairperson):
Signature: 2 Company and a series	Date: 6/4/2019
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Printed Name of Department Head or Program Director:	Web
Printed Name of Department Head or Program Director: Signature:	Date: 6/10/19
Signature:	
Signature: Printed Name of Division Director (if applicable):	Date: 6/10/19
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