

Office of Graduate and Professional Studies



**WRITTEN DISSERTATION (Ph.D., Dr.PH ) OR  
RECORD OF STUDY (Ed.D, D.En.) APPROVAL FORM**

Student's Name: Peter G. Maginot

(Name must match TAMU student records)

Degree (check one):



Ph.D. (Dissertation)



Dr. PH. (Dissertation)



Ed.D. (Record of Study)



DE.n. (Record of Study)

Date of Defense: (mm/dd/yy or Exempt): 05/08/2015

Today's Date (mm/dd/yy): \_\_\_\_\_

Anticipated Date of Graduation (Month Year): 08/2015

Major Subject: Nuclear Engineering

Dissertation or Record of Study Title: Higher Order Discontinuous Finite Element Methods for Discrete  
Ordinates Thermal Radiative Transfer

We the undersigned duly appointed committee have read and examined this manuscript. We certify it is adequate in scope and quality as a dissertation or record of study for this doctoral degree and indicate our approval of the content of the document to be submitted to Thesis and Dissertation Services for processing and acceptance, OR we indicate our dissent below. A vote by all members of the committee with at most one dissension is required to pass.

	Approve	Disapprove
Chair: <u>Jean C. Ragusa</u>	<input type="checkbox"/>	<input type="checkbox"/>
Co-Chair: <u>Jim E. Morel</u>	<input type="checkbox"/>	<input type="checkbox"/>
Member: <u>Marvin L. Adams</u>	<input type="checkbox"/>	<input type="checkbox"/>
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Member: _____	<input type="checkbox"/>	<input type="checkbox"/>
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Head of Department: Yassin Hassan

**Student Contact Information:**

815007201

UIN

pmaginot@tamu.edu

Student's Email Address

The student must submit this signed approval form and a PDF file of the thesis to Thesis and Dissertation Services for review. Students must clear Thesis and Dissertation Services within a year of their final defense. To graduate in a given semester, a student must meet the scheduled deadline for submittal of the signed approval form and the thesis in final form. The Office of Graduate and Professional Studies posts a calendar for each semester, and these dates must be observed.

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Jack K. Williams Administration Building – Room 112

Revised 10/14



**THESIS, DISSERTATION, AND RECORD OF STUDY  
COPYRIGHT AND AVAILABILITY FORM**

Student's Name: Peter G. MaginotStudent's UIN: 815007201

Degree: (check one)

☐

Master's

☒

Doctoral

Date of Graduation (Month Year): 08/2015

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I have discussed the availability choices with my student, and I approve of the choice the student has made.

Chair or Co-Chair's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Student's Signature: \_\_\_\_\_

Date 05/07/2015

## Office of Graduate and Professional Studies



## Request for Letter of Completion

The Letter of Completion, which states that requirements for the degree have been fulfilled, can only be provided once all degree requirements have been met. Degree conferral occurs only at the end of each fall, spring, and summer semester. This letter cannot be issued once the degree has been conferred.

**IMPORTANT****Students in F-1 and J-1 Non-Immigrant Status:**

If you receive a Letter of Completion (LOC) on or before the University deadline to add/drop courses for the intended semester of graduation, the program end date on your I-20 or DS-2019 will be shortened to the date the LOC is issued. This will impact the application process for both Optional Practical Training (F-1 students) and Academic Training (J-1 students). In addition, you will **no longer** eligible for on-campus employment. Students are strongly encouraged to discuss their particular situation with an International Student Services (ISS) Advisor before submitting this form to the Office of Graduate and Professional Studies.

I am requesting a Letter of Completion that states my name, degree, and the conferral date for that degree. I understand that this request will take a **minimum of five working days** to process from the date that **all requirements** for the degree are fulfilled. I understand that if I choose to pick up my Letter of Completion I will be required to provide proper identification.

Student's Name Peter G. Maginot  
 Student's ID Number 815007201  
 Student's TAMU Email pmaginot@tamu.edu  
 Student's Signature Peter Maginot Date 5/7/2015

☐ I wish to pick up my Letter of Completion from the Office of Graduate and Professional Studies (Note: You will be emailed at the TAMU email address above once the letter has been prepared)

☒ I wish to have my Letter of Completion emailed to the following email address:

single1@lnl.gov

☐ I wish to have my Letter of Completion mailed to the following address:

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# Lawrence Livermore National Laboratory

## RECRUITMENT & EMPLOYMENT DIVISION

Telephone: (925) 423-4472

FAX: (925) 423-0894

E-mail: [single1@llnl.gov](mailto:single1@llnl.gov)

Mail Stop: L-634

September 26, 2014

### RE: VERIFICATION OF PhD DEGREE

The person listed below indicates they have met all requirements for a PhD degree from your institution and has authorized via this form to release the requested information:

☒ PhD

☐ Master's Degree

☐ Bachelor's Degree

Name: PETER G. MAGINOT Social Security No.: \*\*\*-\*\*-2591

Institution: Texas A&M University, College Station City, State: College Station, Texas

I authorize the release of degree information and/or other school records to Lawrence Livermore National Laboratory for employment purposes.

Signature: *Peter G. Maginot* Date: 9/7/15  
*Peter G. Maginot*

#### Please verify this information and return to:

Lawrence Livermore National Laboratory

P.O. Box 808, L-634

Attn: Karen Trail

Livermore, CA 94551

#### TO BE COMPLETED BY EDUCATIONAL INSTITUTION

I certify that the above-named individual has completed all required coursework, has successfully defended their thesis and is awaiting issuance of their diploma as follows:

Department: \_\_\_\_\_ Discipline: \_\_\_\_\_

Degree to be awarded as of: \_\_\_\_\_

Signed: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

