

Ph.D. Degree Application

This form is to be completed by students applying for the Doctor of Philosophy degree. Applicants must obtain required signatures of their thesis/dissertation advisor, the department secretary and the department Chair and submit this form to the Enrolled Student Office, 438 Cabell hall. Deadlines for submission are: **October 1** (January graduation), **February 1** (May graduation), **July 1** (August graduation).

University ID# _____ Semester and Year Entered GSAS _____

Full Legal Name (for Diploma) _____

*** Please include accent marks, capitalization and special characters*

Permanent Address _____
Street / Apartment / P.O. Box

City _____ State _____ Zip _____

Phone (____) _____ - _____ E-mail _____ Preferred Method of Contact ☐ Mail ☐ E-mail ☐ Phone

Degree Sought _____ to be Conferred _____
Major _____ Date (M/D/Y) _____

Degrees Now Held (Final Transcripts showing the award of these degrees must be on file in GSAS)

Degree Gra	nting Institution	Year Received

Title of Dissertation _____

Foreign Language Requirement Satisfied as Follows: (where taken, when completed, and how attested)

Graduate Courses Offered in Candidacy for this Degree (do not list audits)

Mnemonic	Number	Title of Course	Semester Hours	Semester & Year of Completion	Grade

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Signature of Department Secretary	Date (M/D/Y)
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Signature of Dissertation Advisor
Date (M/D/Y)

Signature of Department Chair

Date (M/D/Y)