

University of Pennsylvania
Vice Provost for Graduate Education

ACCEPTANCE OF DISSERTATION

Instructions for Administrator: One copy of this form, signed by the Graduate Group Chair and all members of the Dissertation Committee, should be submitted to Suite 322A, 3401 Walnut Street, Philadelphia, PA 19104-6228 (SAS Graduate Division Office).

Student's Name: _____ SS# _____

This is to certify that the doctoral dissertation of the student named above was accepted on

The title of the dissertation is:

The dissertation committee and vote:

Signature, Chair of Committee Print Name Yes or No

Signature, Dissertation Supervisor
(if different from Chair) Print Name Yes or No

Signature, Committee Member Print Name Yes or No

Signature, Committee Member Print Name Yes or No

Signature, Committee Member Print Name Yes or No

Signature, Reader Print Name Yes or No

Signature, Reader Print Name Yes or No

Signature, Graduate Group Chair Date