

**UNIVERSITY OF PENNSYLVANIA**  
**School of Nursing**

**PhD Degree Certification**

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

Department: Nursing

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

- 1) Total Course Units: \_\_\_\_\_
- 2) Date passed PhD candidacy examination: \_\_\_\_\_
- 3) Date foreign language examination passed (if required) \_\_\_\_\_
- 4) Date passed PhD final examination: \_\_\_\_\_
- 5) Date dissertation is accepted by department: \_\_\_\_\_

I certify that the above named student has fulfilled all the requirements for the PhD degree.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Dissertation Supervisor Graduate Group Chairperson

Reviewed and Approved by \_\_\_\_\_  
Dean