

Dissertation Journal Publication Certification

Student Information

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Field of study		Degree	<input type="checkbox"/> Ph.D
Department		Examination Date	
Advisor's Name		Qualifier Date:	
Research Advisor		Proposal Date:	
Graduation Semester		Research Hours Completed	

Publication Requirement		
Name of Paper		
Authors		
Venue of Submission		
Submitted	Accepted:	Plan to Submit:
	Date:	
Attach Copy of Journal Acceptance Letter		

Required Signatures

Research Advisor Decision	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove			
Research Advisor Decision		Last Name		Date	
Chair Decision	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove			
Chair Signature		Last Name		Date	

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