



THE GEORGE
WASHINGTON
UNIVERSITY
WASHINGTON, DC

COLUMBIAN COLLEGE OF ARTS AND SCIENCES

GRADUATION CLEARANCE FORM (PH.D.)

This student has completed all the requirements for the Ph.D. as of the end of _____ (semester), _____ (year)

Note: The student must submit an [Application for Graduation](#) to CCAS

Department/Program: _____

Director of Graduate Studies: _____ Date: _____

DGS' Signature (if not submitting electronically): _____

Student name: _____ **GWID:** _____

First semester in program: _____

Total graduate credit hours (including transfer): _____ **GPA:** _____

Dissertation Research hours: _____

Dissertation title: _____

Dissertation defense date: _____ **Dissertation approval date:** _____

Director: _____

Co-director (if applicable): _____

Co-director's department/institution (if applicable): _____

Provide committee information on the second page

Dissertation Defense Committee information:

Reader: _____

Title: _____

Reader: _____

Title: _____

Examiner: _____

Title: _____

Examiner: _____

Title: _____

Outside examiner: _____

Title: _____

Department/institution: _____

