Degree Completion Status Form (Final Approval Form)  
(Doctoral Students)

Registrar's Office  
160 East Tenth Street, Claremont, CA 91711 ● Ph. (909) 621-8285 ● Fax (909) 607-7285 ● student.records@cgu.edu

This form is used to the student’s degree completion status. If revisions are required to the student’s dissertation, the defense (oral exam) may be approved at this time, but a separate Degree Completion Status Form must be completed and submitted when the revised dissertation is approved by all Committee members. The personal signature of each committee member is required on all forms. See Dissertation Procedures at www.cgu.edu/registrar/.

STUDENT INFORMATION

CGU ID# 254—____________________________

Last Name _____________________________________________ First Name ______________________________ Middle ________________

Department/Program _____________________________________________________________ Degree _______________________________

I certify that I am registered for the semester and have submitted my Intent to Receive a Degree to the Registrar’s Office.

Student Signature ______________________________________________________________________ Date __________________________

APPROVAL OF COMMITTEE MEMBERS—SIGNATURES REQUIRED

By the individual signatures below, the Committee signifies the student’s degree completion status indicated below. We understand that if the student has been requested to make revisions to the dissertation, a separate Degree Completion Status Form must be signed by all members at the time the revised dissertation is approved.

☐ Defense approved. ☐ Defense not approved.
☐ Dissertation approved. ☐ Dissertation requires revisions; dissertation approval to be submitted separately.

Chair Name _____________________________________________ 
Title ________________________________________________________________________________ 
Institution _______________________________________________ 
E-Mail ___________________________________________________ Date ____________________________ 

Signature ________________________________________________________________________________ 

Name _____________________________________________ 
Title ________________________________________________________________________________ 
Institution _______________________________________________ 
E-Mail ___________________________________________________ Date ____________________________ 

Signature ________________________________________________________________________________ 

Name _____________________________________________ 
Title ________________________________________________________________________________ 
Institution _______________________________________________ 
E-Mail ___________________________________________________ Date ____________________________ 

Signature ________________________________________________________________________________ 

ATTACH SEPARATE SHEET FOR ADDITIONAL APPROVALS

DEPARTMENT/PROGRAM CONCURRENCE

Dean/Director Name _____________________________________________ Signature ________________________________________________________________________________ Date __________________________

SUBMIT COMPLETED FORM TO THE REGISTRAR’ OFFICE

FOR INTERNAL USE