

Ph.D GRADUATION CERTIFICATION FORM

Date of Dissertation Defense: \_\_\_\_\_

To: CIS Records Officer  
From: Coordinator Ph.D. Degree Program  
Subject: Ph.D. Dissertation Defense

This memorandum will verify that (print name as it appears on the Student Record Systems)

\_\_\_\_\_

has presented and successfully defended a Ph.D. Degree Dissertation titled (please type).  
Please proceed with the certification procedure for the degree.

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\_\_\_\_\_  
Coordinator, Ph.D. Degree Program  
Chester F. Carlson  
Center for Imaging Science

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

Forwarding Address:

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Telephone \_\_\_\_\_