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UNIVERSITY OF ILLINOIS AT SPRINGFIELD
Office of Records and Registration

Dissertation Closure Approval Form

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Doctoral degree candidates are required to complete all program requirements (courses, examinations, dissertation proposal/defense/approval, etc.) prior to earning a Doctoral degree at the University of Illinois at Springfield.

Last Name _____ First Name _____ UIN _____

Degree (DPA, etc.) _____ Major _____

The student listed above has completed all dissertation closure requirements at the University of Illinois at Springfield. In order for the Office of Records and Registration to consider this form complete, the signature of the department chair, college dean, and Vice Chancellor for Academic Affairs/Provost are required. These signatures indicate that all administrative processing has been properly completed.

Appropriate Approval Signatures	Role/Title (Committee Chair, etc.)	Date
_____		Date
_____		Date
_____		Date
_____		Date
_____		Date
_____		Date

_____ _____
Department Chair (Required) Date

_____ _____
College Dean (Required) Date

_____ _____
Vice Chancellor for Academic Affairs/Provost (Required) Date

THIS FORM SHOULD BE SENT TO THE OFFICE OF RECORDS AND REGISTRATION. TO BE ELIGIBLE FOR GRADUATION IN A PARTICULAR SEMESTER, ALL GRADUATION PAPERWORK (INCLUDING THIS FORM) MUST BE RECEIVED BY THE OFFICE OF RECORDS AND REGISTRATION NO LATER THAN THE SCHEDULE DEADLINE.

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