



OFFICE *of* RESEARCH & GRADUATE STUDIES

DISSERTATION CLEARANCE

Graduation Date (month/year) _____ Student ID _____

Name _____

School or College _____

Program _____ Concentration _____

Dissertation Title _____

Committee Members

Please print names of committee members.

Program Clearance (Dissertation Approval)

PROGRAM DIRECTOR: Please sign and date to confirm completion of all program requirements except for those listed in the checklist.

Program Director _____ Date _____
(signature)

(printed name)

CHECKLIST

- _____ Account opened at *The Athenaeum* and dissertation pdf uploaded.
- _____ Survey of Earned Doctorates certificate of completion submitted.
- _____ IRB protocols closed. IRB Office initials: _____ / Date _____ .
- _____ Account opened and dissertation deposited in the *UIW ProQuest ETD Administrator*.
- _____ Final format of dissertation approved.

APPROVAL OF DISSERTATION CLEARANCE

Graduate Studies Representative _____ Date _____

Distribution: Committee Chair and Members, Student, Program Director, IRB Office, ORGS, Registrar