



TUSKEGEE UNIVERSITY

1200 W. Montgomery Rd. | John A. Kenney Hall | Suite 44-318 | Tuskegee, AL 36088 Phones:
334-724-4194, 334-725-2371 | FAX 334-725-2367

Email: graduateschool@tuskegee.edu | <http://www.tuskegee.edu/graduateschool>

Certification of Completion of Requirements – Dissertation

Date: _____

Dr. Elaine Bromfield
Registrar
Tuskegee University
Tuskegee, AL 36088

Student Name: _____ ID: _____

Major Professor(s): _____

Dissertation Title: _____

Dear Dr. Bromfield:

The student listed above joined Tuskegee University in _____ to pursue a Ph.D. degree in _____.

He/she was admitted to the candidacy for the degree on _____. As the transcripts attached with this document indicate, he/she has completed _____ credits of graduate courses. He/she is enrolled during the current semester for additional _____ credits of graduate courses. He/she passed his/her final oral examination on _____.

We the undersigned certify that if the student completes all the courses listed above, he/she may be allowed to receive the Ph.D. degree in _____.

Department Head/ Program Director

Dean of Graduate School

Cc: Registrar, Student, Program Coordinator, Academic Dean, Office of Graduate School