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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 Universidegree in	ity into pursue a Ph.D.
	ee on As the
transcripts attached with this document indicate, he	e/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 contor receive the Ph.D. degree in	npletes all the courses listed above, he/she may be allowed
Department Head/ Program Director	Dean of Graduate School

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

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