

UC DAVIS

GRADUATE STUDIES

GRADUATE PROGRAM APPROVAL

Graduate Program Advisor Signature: _____ Date: _____
(Advisor with signing authority)

Print Graduate Program Advisor Name: _____

Dissertation Committee Chair Signature: _____ Date: _____

Print Dissertation Committee Chair Name: _____

Graduate Program Coordinator Signature: _____ Date: _____

Print Graduate Program Coordinator Name: _____

FOR STUDENTS ADMITTED TO A DESIGNATED EMPHASIS (DE) ONLY

Designated Emphasis in: _____

Committee Member (page 1) who will read the dissertation for the Designated Emphasis:

Chair of Designated Emphasis Signature: _____ Date: _____

Print Chair of Designated Emphasis Name: _____

Second (if applicable) Designated Emphasis in: _____

Committee Member (page 1) who will read the dissertation for the Designated Emphasis:

Chair of Designated Emphasis Signature: _____ Date: _____

Print Chair of Designated Emphasis Name: _____

GRADUATE STUDIES SECTION

Matriculation: _____ Fee Paid: _____ Dissertation Filed: _____

Full Time: _____ Qtrs/Res: _____ Final Exam Date: _____

G.P.A.: _____ Registered/Filing Fee: _____ Degree Conferred: _____
(at time of submission)

Deficiencies: _____

ETD Number: _____ Embargo: _____ Copyright: Yes No

APPROVED

Dean of Graduate Studies Signature: _____ Date: _____ Staff Initials: _____