

**University of Pennsylvania**  
**Office of Graduate Education**

**ACCEPTANCE OF DISSERTATION**

**Instructions for Administrator:** One copy of this form, signed by the Graduate Group Chair, and all members of the Dissertation Committee, must be submitted to SAS Graduate Division Office, 3401 Walnut Street, Suite 322A/6228

Student's Name: \_\_\_\_\_ Penn ID: \_\_\_\_\_

This is to certify that the doctoral dissertation of the student name above was accepted on

\_\_\_\_\_, \_\_\_\_\_

The title of the dissertation is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The dissertation committee and vote:

Signature, <b>Chair of Committee</b>	Print Name	Yes or No
--------------------------------------	------------	-----------

Signature, <b>Dissertation Supervisor</b> (if different from Chair)	Print Name	Yes or No
--	------------	-----------

Signature, Committee Member	Print Name	Yes or No
-----------------------------	------------	-----------

Signature, Committee Member	Print Name	Yes or No
-----------------------------	------------	-----------

Signature, Committee Member	Print Name	Yes or No
-----------------------------	------------	-----------

Signature, Committee Member	Print Name	Yes or No
-----------------------------	------------	-----------

Signature, Graduate Group Chair	Date
---------------------------------	------