

Doctoral Thesis Completion Semester

This form is required and must be filled out when a doctoral student has completed all thesis requirements and is certified for their degree, which is known as the doctoral student's final semester. Please complete the form electronically to ensure all fields are clearly legible. **The form must be submitted once the student's degree has been certified.**

Note:

- **Students should defend prior to the last day of classes of a semester**, giving them time for thesis correction, approval of the thesis, and degree certification.
- Departments must ensure students are registered for the appropriate number of units in their final semester prior to submitting this form.
- Registration for additional courses beyond the *required* department course are subject to department approval.

Students who are registered for at least 36 units, complete all thesis requirements, and are certified for their degree may have their tuition adjusted as determined by the date of completion:

- September 30 in the fall, February 28 in the spring, and June 15 in the summer: 100% tuition adjustment
- October 31 in the fall, March 31 in the spring, and July 15 in the summer: 50% tuition adjustment
- After October 31 in the fall, March 31 in the spring, or July 15 in the summer (before the start of the next semester): 0% tuition adjustment
- Fall and spring fees (technology, activities, transportation) are not adjusted and will be charged accordingly; summer fees include technology only.
- Students registered for fewer than 36 units (self-supported or In Absentia status) are not eligible for tuition adjustment.

STUDENT INFORMATION

Andrew ID: _____ Name: _____
Last/Family Name
First/Preferred Name
Middle Name/Initial

College: _____ Department: _____

DEGREE INFORMATION

Degree Completion Date*: _____ S3 Certification Semester: _____
mm/dd/yyyy
Semester
Year

Department Course Number: _____ Section: _____ Units: _____

**This is not the defense date; this is the date of final thesis approval and any other degree requirements, which may be earlier than the official date of graduation.*

DEPARTMENT AUTHORIZATION

Primary Thesis Advisor: _____ Date: _____
Print/Type Name
Signature
mm/dd/yyyy

Department Head: _____ Date: _____
Print/Type Name
Signature
mm/dd/yyyy

Dean of College/School: _____ Date: _____
Print/Type Name
Signature
mm/dd/yyyy

Departments must submit this completed form to the University Registrar's Office. For full form submission instructions, visit cmu.edu/es/forms.instructions.html.

UNIVERSITY REGISTRAR OFFICE USE ONLY

Course Added: 01-999-Section A, 0 Units (Dissertation Complete) Approval: _____
(Section M used for summer semesters)

Tuition Adjustment: 100% 50% 0% N/A

STUDENT ACCOUNTS OFFICE USE ONLY

Batch ID: _____ Notes: _____
SAO Director: _____ *(optional)*

(Initials/Date)