Carnegie Mellon University

University Registrar's Office

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/Prei	erred Name		Middle Name/Initial
College:		Departme	•				
DEGREE INFORMAT	ION						
Degree Completion Date*:	mm/dd/yyyy	S3 Ce	ertification Semester:	Semester	Year		
Department Course Number:		Sectio	n:	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 AUTH	IORIZATION						
Primary Thesis Advisor:						Date:	
	Print/Type Nam	пе		Signature			mm/dd/yyyy
Department Head:	Print/Type Nam	пе		Signature		Date:	mm/dd/yyyy
Dean of College/School:	<i>,</i>			-		Date:	,
	Print/Type Nam	ne		Signature			mm/dd/yyyy
Departments must submit this comple	eted form to the University	/ Registrar's	Office. For full form so	ıbmission instructions	, visit cmu.edu/es/f	orms.instruc	tions.html.
UNIVERSITY REGISTR	RAR OFFICE US	E ONL	Υ				
Course Added: 01-999-Section A, (Section M use	O Units (Dissertation Cord for summer semesters)	mplete)	Approval:				
Tuition Adjustment: 100%	50% 0% N	N/A					
STUDENT ACCOUNTS	OFFICE USE O	ONLY					
Batch ID:			Notes:				
SAO Director: (Initials/Da	ate)		(optional)				