The Graduate School
Academic Services Building, Room 223
The University of Texas at El Paso
500 W. University Avenue El Paso, Texas 79968
(915) 747-5491 Fax (915) 747-5788
http://www.utep.edu/graduate

Completion/Defense Form

Form 5

Submit to the Graduate School for Verification of Degree Completion

Date _____

This is to certify that _____ Student ID _____

qualified for graduation based on successful completion of _____

Degree _____ Major _____

If needed, **supplementary requirements** such as publications or conference presentations as described below, have also been successfully completed. A memo is attached listing pending requirements not included below.

Supplementary Requirements _____

Verified by (Name & Title) _____

Thesis/Dissertation/Non-Thesis Project Supervising Committee

Name of Chair/Co-Chair	Signature

Name of Committee Members	Signature

Title of Thesis, Dissertation, Non-Thesis Project, etc. _____

Graduate Advisor Signature **Date**

College Dean Signature **Date**

Department _____

College _____