## Ph.D. Record of Requirements



Last Name		First Name, Middle Name	UID
Journal Information			
Name of Journal:			
Title of Submission:			
Date of Submission:			
**Attach article and proof of submission			
Seminar Information			
Conference Title:			
Sponsoring Organization:			
Location:			
Dates:			
Presentation Title:			
**Attach proof of seminar presentation			
<u>Signatures</u>			
Student Signature:	Print Name	Signature	
Dissertation Director:	Print Name		
Program Director:	Dr. Arnab Shaw		
		Signature	Date
Department Chair:	Dr. Brian Rigling	Signature	 Date