

**Cleveland State University
Doctoral Commencement Form**

Name of Doctoral Candidate: Mr. Mrs. Ms. _____
(last) (first) (middle)

CSU ID #: _____ SSN#: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work phone: _____

Degree to be received: _____

Dissertation Title: _____

Date of Successful Defense: _____

Bachelor's Degree(s) _____ **Major:** _____

University: _____

Master's Degree(s) _____ **Major :** _____

University : _____

Is notice of completion signed and completed? Yes _____ No _____

Faculty Advisor: _____ Office Room#: _____ Ext. _____

(expected to hood student on stage)

Date (Semester, Year) of Commencement Program Listing: _____

Previously listed in Commencement Program _____ but will participate in
(Sem. Yr.)

Commencement Ceremony _____
(Sem. Yr.)

Previously participated in commencement ceremony _____, but will be listed in
(Sem. Yr.)

commencement program booklet _____
(Sem. Yr.)

For Office Use Only

Commencement Coordinator: _____ **Date:** _____

All information received ___yes ___no

Comments: _____

College of Graduate Studies: _____ **Date:** _____

All information received ___yes ___no

Comments: _____

Graduation Office-Registrar's Office: _____ **Date:** _____

Graduation Application received: ___yes ___no

Comments _____
