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Commencement Office
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DOCTORAL CANDIDATE INFORMATION FOR COMMENCEMENT PROGRAM
DO NOT RETURN THIS FORM TO THE GRADUATE OFFICE

NAME _____ ID#: _____

MAJOR _____ CONCENTRATION _____

The information entered below is the information as it will be printed in the Commencement Program.

(PLEASE PRINT CLEARLY OR TYPE)

NAME

DEPARTMENT

(Enter all degrees you currently hold. Abbreviate the degree name and list in chronological order from first degree to last degree earned.)

INSTITUTION DEGREE YEAR GRANTED

INSTITUTION DEGREE YEAR GRANTED

INSTITUTION DEGREE YEAR GRANTED

(Please enter the complete title of your dissertation. Punctuation, capitalization, and spelling will be entered in the Commencement program as indicated below.)

DISSERTATION TITLE: _____

(Enter the full name of your dissertation committee chair.)

DISSERTATION CHAIR: _____

My dissertation chair is [] is not [] expected to attend the commencement ceremony.

DATE _____