

University of Hawai'i at Hilo Graduate Division
Certification of Degree Requirements

The Graduate Program acknowledges that the candidate has fulfilled all of the requirements for the graduate degree indicated below. (For programs which do not utilize a committee system, required signatures include only the Primary Academic Advisor, the Program Director and the Graduate Division.)

Candidate _____ SID _____

Program _____ Date _____

Master's Degree: Plan A _____ Plan B _____

Doctoral Degree: Pharm.D. _____ Ph.D. _____

Plan A Thesis/Dissertation Title: _____

Print Name

Signature

Primary Academic Advisor

Committee Member (if appropriate)

Committee Member (if appropriate)

Committee Member (if appropriate)

Program Director/Chair (print) _____
Program Director/Chair (signature) Date _____

Graduate Division approval _____ Date _____

*Note: All graduation deadlines apply. Degree conferral will not be complete until **all** minimum UH-Hilo Graduate Division Policies have been met.*

Original to: ___ Graduate Division

Copies to: ___ Primary Academic Advisor ___ Student ___ UHH Graduate Division ___ Office of the Registrar