

UW Graduate School
Doctoral Dissertation Reading Committee Approval Form

Student Instructions

- Complete all fields on this form. Names must match what is on your title page and information must match what you entered in the UW ETD Administrator Site.
- Obtain *original* (ink) signatures – no faxes, scans, stamps, emails.
- Your *signed* form may be delivered in person, or by campus or postal mail, and must be received by 5:00 p.m. PST on the last day of the quarter.
University of Washington
Graduate Enrollment Management Services (GEMS)
G-1 Communications, Box 353770
Seattle, WA 98195-3770
- GEMS will not be able to review your submission in the UW ETD Administrator Site or approve your thesis and process your graduation until your *signed* form has been received.
- If your form is incomplete (missing information and/or signatures) or if GEMS receives it after 5:00 p.m. PST on the last day of the quarter, you will be required to register the following quarter or pay the \$250 Graduate Registration Waiver Fee: <http://www.grad.washington.edu/policies/general/regwaiver.shtml>

Student Information

Student Name: _____ Student ID #: _____
Quarter/Year Graduation: _____ UW Email Account: _____
Name of Degree: _____ Program: _____

Student Agreement

I certify that I have presented my doctoral dissertation supervisory committee with the final copy of my doctoral dissertation for examination and approval.

Signature of Student: _____ Date: _____

Doctoral Dissertation Reading Committee Agreement

I certify that I have examined the final copy of the above student's doctoral dissertation and have found that it is complete and satisfactory in all respects, and that any and all revisions required by the final examining committee have been made.

Signature of Reading Committee Chair: _____ Date: _____
Print name below signature line:

Signature of Reading Committee Co-Chair (if applicable): _____ Date: _____
Print name below signature line:

Signature of Reading Committee Member: _____ Date: _____
Print name below signature line:

Signature of Reading Committee Member: _____ Date: _____
Print name below signature line:

Signature of Reading Committee Member: _____ Date: _____
Print name below signature line:

Questions: Please contact Graduate Enrollment Management Services (GEMS) at uwgrad@uw.edu or 206.685.2630.