

RECORD OF COMPLETION – PhD DEGREE

Michigan State University
Department of Entomology

Student Name _____ Student # _____

This is to certify that:

1. The above named student has completed or is completing all courses prescribed by the Guidance Committee. The committee has approved any course changes.

Yes No

2. The PhD dissertation titled: _____

has/ has not been found worthy of acceptance on (date) _____

4. The final oral examination was completed on (date) _____

The Committee decided that the candidate:

Passed the examination.

Did not pass the examination. Any comments and recommendations are given under item 5 below.

5. Comments and recommendations of Committee members:

6. The University PhD completion form has been signed by the Guidance Committee:

Yes No

7. Items turned in:

Curator Voucher Specimens _____ Initial/Date

Major Prof. Equipment _____ Initial/Date

Business Ofc. Keys _____ Initial/Date

Grad. Sec. Bound Thesis (dept. copy) _____ Initial/Date

Chairperson, Department of Entomology

Date