

Syracuse University
School of Information Studies
Doctoral Form #6
End of Program of Study

Student's Name: _____

Faculty Participating: _____

This student has completed an adequate program of study as part of his/her doctoral studies. No other coursework, practica, etc are required.

There are no missing grades

The student needs to complete the following courses or engage in the following activities.

Other: Please describe:

Signed: _____
Student

Date

Approved: _____
Advisor

Date

Approved: _____
Department Chair

Date

This information has been recorded in the PhD program records.

Only the original is needed. The office will make and distribute all necessary copies. Original to student's file, copies to the student's advisor and to the student.