Carnegie Mellon University

University Registrar's Office

Doctoral Thesis Completion Semester

This form is required and must be filled out when a doctoral student has completed all thesis requirements and is certified for their degree, which is known as the doctoral student's final semester. Please complete the form electronically to ensure all fields are clearly legible. The form must be submitted by the semester course add deadline.

Note:

- Students should defend prior to the last day of classes of a semester, giving them time for thesis correction, approval of the thesis, and degree
 certification.
- Departments must ensure students are registered for the appropriate number of units in their final semester prior to submitting this form.
- Registration for additional courses beyond the required department course are subject to department approval.

Students who are registered for at least 36 units, complete all thesis requirements, and are certified for their degree may have their tuition adjusted as determined by the date of completion:

- September 30 in the fall, February 28 in the spring, and June 15 in the summer: 100% tuition adjustment
- October 31 in the fall, March 31 in the spring, and July 15 in the summer: 50% tuition adjustment
- After October 31 in the fall, March 31 in the spring, or July 15 in the summer (before the start of the next semester): 0% tuition adjustment
- Fall and spring fees (technology, activities, transportation) are not adjusted and will be charged accordingly; summer fees include technology only.
- Students registered for fewer than 36 units (self-supported or In Absentia status) are not eligible for tuition adjustment.

STUDENT INFORMATION

Andrew ID:	Name:				
College:	Departme	Last/Family Name	First/Prefe	rred Name	Middle Name/Initial
DEGREE INFORMATION	ON				
Degree Completion Date*:	S3 Ce	ertification Semester:	Semester	Year	
Department Course Number:	Section	on:	Units:		
*This is not the defense date; this is the date of final thesis approval and any other degree requirements, which may be earlier than the official date of graduation.					
DEPARTMENT AUTHO	ORIZATION				
Primary Thesis Advisor:	Print/Type Name		Signature	Date:	
Department Head:	Print/Type Name		Signature	Date:	mm/dd/yyyy
Dean of College/School:	Print/Type Name		Signature	Date:	mm/dd/yyyy
Departments must submit this completed form to the University Registrar's Office. For full form submission instructions, visit cmu.edu/es/forms.instructions.html.					
UNIVERSITY REGISTRA Course Added: 01-999-Section A, 0 (Section M used) Tuition Adjustment: 100%		.Y Approval:			
- 100 /0					
STUDENT ACCOUNTS Batch ID: SAO Director: (Initials/Dat		Notes: (optional)			