



Request for Graduate Transfer Credit

Name KSU ID#

Email Phone

Graduate Program

Institution	Non-KSU Course	Title	Term Taken	Grade	KSU Course	KSU Course Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Graduate Program Director Approve Disapprove

Signature Date

Department Chair Approve Disapprove

Signature Date

Graduate College Approve Disapprove

Signature Date



PhD Program of Study

Name KSU ID
 Email Phone Number
 Program Advisor

List of courses and credit hours required for the degree OR DegreeWorks printout or other program document can be attached. Include Course Designation and Number (ACCT8100), Title, and Credit Hours.

Semester 1	Semester 2	Semester 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
Semester 4	Semester 5	Semester 6
<input type="text"/>	<input type="text"/>	<input type="text"/>
Semester 7	Semester 8	Semester 9
<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Course hours Number of Dissertation hours Total Hours

Signatures:

Student Signature <input type="text"/>	<input type="text"/>	Date <input type="text"/>
Major Professor <input type="text"/>	<input type="text"/>	Date <input type="text"/>
Program Director <input type="text"/>	<input type="text"/>	Date <input type="text"/>
Department Chair <input type="text"/>	<input type="text"/>	Date <input type="text"/>
Graduate Approval <input type="text"/>	<input type="text"/>	Date <input type="text"/>
BCOE Approval <input type="text"/>	<input type="text"/>	Date <input type="text"/>



Request for Approval of Dissertation Committee

Name KSU ID Number
 Email Program

Committee Member 1 - Chair

<input style="background-color: #FFD700; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>		<input style="background-color: #FFD700; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Date Signed"/>
	Dissertation Committee Chair Signature	Date
<input style="background-color: #FFD700; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Full Name"/>	<input style="background-color: #FFD700; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Select"/>	<input style="background-color: #ADD8E6; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>
Print Name	Program	Member's Dept. Chair Signature

Committee Member 2

<input style="background-color: #9932CC; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>		<input style="background-color: #9932CC; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Date Signed"/>
	Dissertation Committee Member Signature	Date
<input style="background-color: #9932CC; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Full Name"/>	<input style="background-color: #9932CC; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Select"/>	<input style="background-color: #90EE90; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>
Print Name	Program	Member's Dept. Chair Signature

Committee Member 3

<input style="background-color: #FF8C00; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>		<input style="background-color: #FF8C00; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Date Signed"/>
	Dissertation Committee Member Signature	Date
<input style="background-color: #FF8C00; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Full Name"/>	<input style="background-color: #FF8C00; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Select"/>	<input style="background-color: #ADD8E6; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>
Print Name	Program	Member's Dept. Chair Signature

Committee Member 4

	Dissertation Committee Member Signature	Date
<input type="text" value="Print Name"/>	<input type="text" value="Program"/>	Member's Dept. Chair Signature

Committee Member 5

	Dissertation Committee Member Signature	Date
<input type="text" value="Print Name"/>	<input type="text" value="Program"/>	Member's Dept. Chair Signature

Signatures

Candidate's Program Director	<input style="background-color: #90EE90; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>	<input style="background-color: #90EE90; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Date Signed"/>
Candidate's Dept Chair (approving committee)	<input style="background-color: #FF8C00; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>	<input style="background-color: #FF8C00; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Date Signed"/>
Graduate College Approval	<input style="background-color: #FF69B4; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>	<input style="background-color: #FF69B4; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Date Signed"/>
BCOE Approval	<input style="background-color: #DDA0DD; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="button" value="Sign"/>	<input style="background-color: #DDA0DD; border: none; padding: 2px 5px; font-size: 8px; font-weight: bold; color: black; text-decoration: none; width: 100%;" type="text" value="Date Signed"/>



Request for Approval of Dissertation Committee

Name KSU ID Number

Email Program

Committee Member 1 - Chair

<input type="text" value="Sign"/> ↓		<input type="text" value="Date Signed"/>
Dissertation Committee Chair Signature		Date
<input type="text" value="Full Name"/>	<input type="text" value="Select"/>	<input type="text" value="Sign"/> ↓
Print Name	Program	Member's Dept. Chair Signature

Committee Member 2

<input type="text" value="Sign"/> ↓		<input type="text" value="Date Signed"/>
Dissertation Committee Member Signature		Date
<input type="text" value="Full Name"/>	<input type="text" value="Select"/>	<input type="text" value="Sign"/> ↓
Print Name	Program	Member's Dept. Chair Signature

Committee Member 3

<input type="text" value="Sign"/> ↓		<input type="text" value="Date Signed"/>
Dissertation Committee Member Signature		Date
<input type="text" value="Full Name"/>	<input type="text" value="Select"/>	<input type="text" value="Sign"/> ↓
Print Name	Program	Member's Dept. Chair Signature

Committee Member 4

<input type="text" value="Sign"/> ↓		<input type="text" value="Date Signed"/>
Dissertation Committee Member Signature		Date
<input type="text" value="Full Name"/>	<input type="text" value="Select"/>	<input type="text" value="Sign"/> ↓
Print Name	Program	Member's Dept. Chair Signature

Committee Member 5

Dissertation Committee Member Signature		Date
<input type="text" value="Print Name"/>	<input type="text" value="Program"/>	Member's Dept. Chair Signature

Signatures

Candidate's Program Director	<input type="text" value="Sign"/> ↓	<input type="text" value="Date Signed"/>
Candidate's Dept Chair (approving committee)	<input type="text" value="Sign"/> ↓	<input type="text" value="Date Signed"/>
Graduate College Approval	<input type="text" value="Sign"/> ↓	<input type="text" value="Date Signed"/>

BCOE Approval
↓



Request for Approval of Dissertation Committee

Name KSU ID Number
 Email Program

Committee Member 1 - Chair

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Committee Member 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Committee Member 3

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Committee Member 4

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Committee Member 5

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signatures

Candidate's Program Director	<input type="text"/>	<input type="text"/>
Candidate's Dept Chair (approving committee)	<input type="text"/>	<input type="text"/>
Graduate College Approval	<input type="text"/>	<input type="text"/>
BCOE Approval	<input type="text"/>	<input type="text"/>



Request for Change in Dissertation Committee Membership

Any requests for change in committee membership should be made only after the candidate meets with the *Department Chair* to determine and assess the reasons for the proposed committee change. *The candidate will be responsible for notifying the previous member(s) of the change.* This form represents a formal request for a change in Dissertation Committee Membership.

<div style="border: 1px solid black; background-color: #fff9c4; padding: 2px; margin-bottom: 5px;">Text</div> Candidate's Name	<div style="border: 1px solid black; background-color: #fff9c4; padding: 2px; margin-bottom: 5px;">Text</div> KSU ID Number
CURRENT COMMITTEE MEMBERS	PROPOSED COMMITTEE MEMBERS
<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Dissertation Chair	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Dissertation Chair
<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 2	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 2
<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 3	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 3
<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 4	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 4
<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 5	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Text</div> Committee Member 5

A brief description of the reason(s) for the proposed change(s) to your Dissertation Committee:

Text

<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px; text-align: center;">Sign ↓</div> Candidate's Signature		<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Date Signed</div> Date	
<input type="radio"/> Approve <input type="radio"/> Disapprove	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px; text-align: center;">Sign ↓</div> Dissertation Chair	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Full Name</div> Print Name	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Date Signed</div> Date
<input type="radio"/> Approve <input type="radio"/> Disapprove	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px; text-align: center;">Sign ↓</div> Program Director	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Full Name</div> Print Name	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Date Signed</div> Date
<input type="radio"/> Approve <input type="radio"/> Disapprove	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px; text-align: center;">Sign ↓</div> Department Chair	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Full Name</div> Print Name	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Date Signed</div> Date
<input type="radio"/> Approve <input type="radio"/> Disapprove	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px; text-align: center;">Sign ↓</div> SCOE Approval	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Full Name</div> Print Name	<div style="border: 1px solid black; background-color: #e1f5fe; padding: 2px; margin-bottom: 5px;">Date Signed</div> Date



Doctoral Comprehensive Exam Request

Submit this completed form, along with a hard copy of a current advising guide and an approved Program of Study, to your Dissertation Chair, at least, four weeks prior to the exam. Please keep a copy for your records. *All students taking the Doctoral Comprehensive Exams must complete this form to be properly registered for the exam.*

Text	Text
Candidate's Name	KSU ID Number
Select	Text
Degree Program	Semester & Year Expected to Complete Ed.D.
Text	Text
Email	Phone
Text	
Permanent Address	

- Attach a copy of your signed Program of Study that includes copies of any course substitutions, transfers, and waivers with this form.
- Make certain that any courses transferred into KSU have been recorded on your advising guide. If transferred credits are not recorded on your advising guide, please notify your Program Director.
- Make certain that any incomplete "I" grades have been completed and that a Change of Grade has been recorded by the professor(s).
- Please indicate when you plan to take the Doctoral Comprehensive Exam: Semester & Year

Sign	Full Name	Date Signed
Candidate's Signature	Print Name	Date
Sign	Full Name	Date Signed
Dissertation Chair's Signature	Print Name	Date
Sign	Full Name	Date Signed
Program Director's Signature	Print Name	Date
Sign	Full Name	Date Signed
Department Chair's Signature	Print Name	Date
Sign	Full Name	Date Signed
BCOE Approval	Print Name	Date



Doctoral Comprehensive Examination Approval Ballot

Text	Text
Candidate's Name	KSU ID Number
Text	Text
Email	Phone
Select	
Program	

Doctoral Comprehensive Exam was taken on: Text

Date

Passed

 Not Passed



	Full Name	Date Signed
Sign ↓	_____ Candidate's Signature	_____ Date
Sign ↓	Full Name	Date Signed
Sign ↓	_____ Dissertation Chair's Signature	_____ Date
Sign ↓	Full Name	Date Signed
Sign ↓	_____ Program Director's Signature	_____ Date
Sign ↓	Full Name	Date Signed
Sign ↓	_____ Department Chair's Signature	_____ Date
Sign ↓	Full Name	Date Signed
Sign ↓	_____ BCOE Approval	_____ Date



Dissertation Proposal Approval

Name	<input type="text"/>	KSU ID	<input type="text"/>
Email	<input type="text"/>	Phone Number	<input type="text"/>
Program	<input type="text" value="Select"/>	Advisor	<input type="text" value="Full Name"/>

Title:

The student has completed the oral defense of the proposal on

The committee has decided:

The proposal is accepted

The proposal is accepted with the following qualifications:



I understand that it is my responsibility to ensure that all research compliance protocols (human subjects, animal, etc.) have been put in place before I begin collecting data. I acknowledge that failure to secure this permission prior to conducting my data collection will negate the use of that data for my doctoral dissertation.

Candidate Signature Date

Signatures

Dissertation Chair Date

Program Director Date

Department Chair Date

Graduate College Approval Date

BCOE Approval Date



Agreement to Schedule a Final Defense

The entire Dissertation Committee has agreed to a final defense.

<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> Candidate's Name	<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> KSU ID Number
<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> Day	<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> Date
<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> Time	<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> Location

Title of Dissertation:

For doctoral candidates to graduate, they must adhere to the following timeline.

Semester of Graduation	Petition Deadline	Final Dissertation Draft to Committee	Successful Dissertation Defense	Final Copy of Dissertation with Edits to Committee	Final PDF Copy Submitted to Digital Commons
Fall	See KSU's Registrar's Deadline	October 1	November 1	December 1	December 8
Spring	See KSU's Registrar's Deadline	March 1	April 1	May 1	May 8
Summer	See KSU's Registrar's Deadline	May 1	June 1	July 1	July 8

<div style="border: 1px solid #ccc; background-color: #e0f2f1; padding: 2px; text-align: center; margin-bottom: 5px;">Sign ↓</div> Candidate's Signature	<input style="width: 95%; height: 20px; background-color: #e0f2f1; border: 1px solid #ccc;" type="text"/> Full Name <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Print Name	<input style="width: 95%; height: 20px; background-color: #e0f2f1; border: 1px solid #ccc;" type="text"/> Date Signed <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Date
<div style="border: 1px solid #ccc; background-color: #fff9c4; padding: 2px; text-align: center; margin-bottom: 5px;">Sign ↓</div> Dissertation Chair's Signature	<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> Full Name <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Print Name	<input style="width: 95%; height: 20px; background-color: #fff9c4; border: 1px solid #ccc;" type="text"/> Date Signed <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Date
<div style="border: 1px solid #ccc; background-color: #e0f2f1; padding: 2px; text-align: center; margin-bottom: 5px;">Sign ↓</div> Program Director's Signature	<input style="width: 95%; height: 20px; background-color: #e0f2f1; border: 1px solid #ccc;" type="text"/> Full Name <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Print Name	<input style="width: 95%; height: 20px; background-color: #e0f2f1; border: 1px solid #ccc;" type="text"/> Date Signed <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Date
<div style="border: 1px solid #ccc; background-color: #e0f2f1; padding: 2px; text-align: center; margin-bottom: 5px;">Sign ↓</div> Department Chair's Signature	<input style="width: 95%; height: 20px; background-color: #e0f2f1; border: 1px solid #ccc;" type="text"/> Full Name <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Print Name	<input style="width: 95%; height: 20px; background-color: #e0f2f1; border: 1px solid #ccc;" type="text"/> Date Signed <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Date
<div style="border: 1px solid #ccc; background-color: #ffe0b2; padding: 2px; text-align: center; margin-bottom: 5px;">Sign ↓</div> BCOE Approval	<input style="width: 95%; height: 20px; background-color: #ffe0b2; border: 1px solid #ccc;" type="text"/> Full Name <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Print Name	<input style="width: 95%; height: 20px; background-color: #ffe0b2; border: 1px solid #ccc;" type="text"/> Date Signed <input style="width: 95%; height: 20px; border: 1px solid #ccc;" type="text"/> Date

Dissertation Defense Outcome

Name KSU ID

Email Phone Number

Program

Title

Dissertation Defense:

Date

Passed
 Failed
 Passed With Revisions (attach revisions)



Signatures

<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Dissertation Chair	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Program Director	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Department Chair	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Graduate College Approval	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	BCOE Approval	

Dissertation Defense Outcome

Name KSU ID
 Email Phone Number
 Program

Title

Dissertation Defense: Passed Failed Passed With Revisions (attach revisions)

Signatures

<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Chair	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Program Director	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Department Chair	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Graduate College Approval	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	BCOE Approval	

Dissertation Defense Outcome

Name KSU ID
 Email Phone Number
 Program

Title

Dissertation Defense: Passed Failed Passed With Revisions (attach revisions)

Signatures

<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Dissertation Chair	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Committee Member	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Program Director	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Department Chair	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	Graduate College Approval	Date
<input type="text" value="Sign"/>	<input type="text"/>	<input type="text" value="Date Signed"/>
↓	BCOE Approval	



Petition for a Wavier for Continuous Enrollment

Per The Graduate College Continuous Enrollment policy, if a student has completed all degree requirements and will no longer require any of the campus resources or faculty time, the student may request an enrollment waiver.

Student Name:

KSU ID#: KSU Email:

Degree Program:

Expected Conferral Semester:

Justification for waiver:

Approval:

Dissertation Chair Name:

Signature:

Program Coordinator Name:

Signature:

College Dean Approval (Name):

Signature:

Graduate College Approval:

Signature:

BCOE Approval:

Signature: