



STUDENT INFORMATION

Name

9-Digit PSU ID Number

Preceptor

We, the undersigned, agree that the above mentioned student is actively working toward a PhD Degree, and will complete the following tasks/goals in order to qualify for a PhD degree.

(Be **brief** in completing your list.)

Outstanding Items to be completed:

Furthermore, we anticipate that the PhD defense will be scheduled by: _____.

ADVISOR NAME:

Print

Signature

CO-ADVISOR NAME (if applicable):

Print

Signature

Student Signature

RETURN FORM TO:
104 Chemistry Building