Ph.D. Record of Requirements

WRIGHT STATE UNIVERSITY

Last Name _____ First Name, Middle Name _____ UID _____

Journal Information

Name of Journal: _____

Title of Submission: _____

Date of Submission: _____

**Attach article and proof of submission

Seminar Information

Conference Title: _____

Sponsoring Organization: _____

Location: _____

Dates: _____

Presentation Title: _____

**Attach proof of seminar presentation

Signatures

	Print Name	Signature	Date
Student Signature:			
Dissertation Director:			
Program Director:			
Department Chair:			