

D | A | A | P

College of
DESIGN
ARCHITECTURE
ART
PLANNING

PhD in REGIONAL DEVELOPMENT PLANNING DEGREE CERTIFICATION

STUDENT INFORMATION

Student Name: _____

Major: _____

Minor: _____

Degree Date: _____

1. Date entering the PhD Program: _____
2. Total course credits completed at the University of Cincinnati: _____
3. Advanced standing for course _____ units granted for work completed at _____
4. Teaching Assistant requirement satisfied during the _____ semester of _____ with Professor _____
5. Teaching Assignment requirement satisfied during the _____ semester of _____ with Professor _____
6. Date Comprehensive Examination passed: _____
7. Date Dissertation Defended: _____
8. Date Dissertation Accepted: _____

I certify that the above named student has fulfilled all of the requirements for the PhD degree in Regional Development Planning.

PhD Program Director

Signature

Date

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