DOCTORAL DEGREE PROGRAM OF STUDY

STUDENT'S NAME_____ 9 DIGIT URI ID#_____

DEPT/PROGRAM_____ DEGREE_____(Thesis)(Non-Thesis)__
(circle appropriate)

I hereby certify that all course work taken at the University of Rhode Island is included below and that grades are indicated for all courses completed.

_____ _____
Student's signature Date

PROGRAM CREDIT COURSES CONSTITUTING THIS STUDENT'S DOCTORAL PROGRAM

Course Dept/No	Title	Credits & Grade	Course Dept/No	Title	Credits &Grade
			699	Dissertation	
				Masters Degree	
				Transfer Credit	
				Total Credits	

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