



Rensselaer |

Graduate School

Name _____

RIN# _____ email _____

Term/Year Fall ___ Spring ___ Summer ___

This is to confirm that the above student has completed all coursework and is preparing their dissertation/thesis for submission.

Doctoral Committee Chair or MS thesis advisor:

Name: _____

Signature: _____

Please Print: _____

Chair/Advisor RIN: _____

Date: _____

International Student Services
(If not a US Citizen, Permanent Resident or Refugee)

Date: _____