

**Maharishi
University of
Management**

Enrollment Center

Name	Semester	Year

Student I.D. Number	_____	
Student Box Number	_____	
<i>or</i> Off-Campus Address		

<i>and</i> Phone Number	e-mail	
_____	_____	

RECORD OF COMPLETION OF REQUIREMENTS FOR DOCTORAL DEGREE

This is to certify that:

1. The doctoral dissertation entitled _____

has been reviewed and accepted, and that on _____ the student passed an oral examination in defense of the
dissertation. DATE

2. The student is recommended for the degree of Doctor of Philosophy in the area of _____.

DEPARTMENT

Signatures of Guidance Committee

Printed names of Guidance Committee

Date

1. _____ <small>CHAIRPERSON OF GUIDANCE COMMITTEE</small>	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Dissenting opinions and signature of dissenting examiners, if any: