



Thesis/Dissertation Transmittal Form

Student: _____ Date: _____ HU ID#: _____

Phone: _____ E-mail: _____ Committee Chairperson: _____

Document Title: _____

The following committee members agree that in every respect to Hampton University, the attached document fulfills the final requirement for the _____ degree in _____.

*Original signatures are required

Committee Chair: _____
Signature: _____ Date: _____
Department: _____

Committee Member: _____
Signature: _____ Date: _____
Department: _____

Committee Member: _____
Signature: _____ Date: _____
Department: _____

Committee Member: _____
Signature: _____ Date: _____
Department: _____

As Chair of the Department of _____, I certify that the attached document meets the standards of Hampton University as outlined in the Thesis/Dissertation Manual.

Chair: _____
Signature: _____ Date: _____

As Dean of the College/School of _____, I certify that the attached document meets the standards of Hampton University as outlined in the Thesis/Dissertation Manual.

Dean: _____
Signature: _____ Date: _____

As Dean of the Graduate College, I certify that the attached document meets the standards of Hampton University as outlined in the Thesis/Dissertation Manual.

Dean: _____
Signature: _____ Date: _____