



The Center for the Study of the College Fraternity
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Degree Confirmation Form

Please sign below and forward to your Doctoral Dissertation/Masters' Thesis Committee Chairperson.

I authorize that the information below be released to the Center for the Study of the College Fraternity:

Name (please print): _____

Signature: _____ Date: _____

Dear Dissertation/Thesis Committee Chairperson:

The above-named person is submitting an application to the Center for the Study of the College Fraternity annual Richard McKaig Doctoral Dissertation/Adele Williamson Masters' Research Award competition. A routine degree confirmation accompanies each submission to protect the competitors, their universities, and the Center for the Study of the College Fraternity from false claims. Your completion of the information requested below is appreciated.

1. Was the above- named person a student at your institution? Yes ____ No ____

2. What was the full title of his/her dissertation/thesis?

3. When was the dissertation/thesis completed (month & year): _____

4. When was the Doctorate/Masters' degree conferred (month & year): _____

Name (please print)

Department

Signature

College/University

Date

Telephone/ E-mail

Please return this completed form to the applicant to submit with his/her application.