



Muma College of Business
PhD in Business Administration
Completion of Required Coursework

Name: _____
U ID: _____
Concentration: _____

As the Area Coordinator of the above named doctoral student, I hereby certify that this student has successfully completed all of the required coursework outlined on his/her **attached** doctoral study program sheet as of _____ (date) and that the student will take his/her comprehensive examination on _____ (date).

Area Coordinator: _____ Date: _____

Associate Dean: _____ Date: _____

All students are required to have this form signed and in their college file prior to their comprehensive exams. Forms will not be accepted without the required doctoral program sheet attachment.