Manhattanville COLLEGE®

DISSERTATION ACKNOWLEDGEMENT

Student Name: _____ _____ _____
LAST FIRST MIDDLE

Student ID: _____ Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _____

By signing this acknowledgement, I understand that I am required to be continuously registered in at least two credits of Dissertation Supervision every fall, spring, and summer semester (i.e. six credits per academic year), until successful final defense of my dissertation. I hereby grant permission to the School of Education Doctoral Program to complete this registration on my behalf. I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees.

Student Signature: _____ Date: _____

Manhattanville College Registrar's Office ♦ Reid 3rd Floor ♦ 914-323-5337 ♦ registrar@mville.edu