UCIRVINE | DONALD BREN SCHOOL OF INFORMATION & COMPUTER SCIENCES

RESEARCH VERIFICATION FORM

Please submit to the ICS Student Affairs Office upon completion.

STUDENT ID#: ______ STUDENT NAME (please print): ______

<u>DATE</u>:_____

This is to inform you that the above student has successfully completed the research project/paper requirement for the PhD.

ADVISOR:

Print Name

Signature