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## **Doctoral Comprehensive Exam/Defense**

This is to certify that	Student's Name	Student ID #
has passed the Doctoral Compre	ehensive Exam/Defense in complia	nce with the Graduate School
Requirements for the <b>Ph. D in Re</b>	<b>gional Planning</b> on	 Date
Chair	Signature	
	member(s), please indicate their depar	
Graduate Program Director	Signature	