



Approval of Revised Dissertation

Candidate's Name: _____ **ID#** _____

Discipline and Specialization(s): _____

Examination conducted at _____ **On** _____
Date

Title of Dissertation (as accepted): _____

I certify that the minor revisions have been made by the candidate and that the dissertation is now acceptable. (Must be approved by the Chairman of the examining committee.)

Chairman _____ **Date** _____

We certify that major revisions have been made by the candidate and that the dissertation is now acceptable. (Must be approved by the Chairman and two members of the examining committee.)

Member _____

Member _____

Chairman _____ **Date** _____

Executive Officer _____ **Date** _____

Approved _____
Associate Provost and Dean for Academic Affairs Date

Recorded _____
Senior Registrar Date