

Doctoral students must complete the written dissertation and the dissertation defense (oral examination) to be eligible for graduation. This form may be used to indicate approval of one or both of these. If the oral exam/defense is approved but not the dissertation/manuscript, a separate Final Approval Form must be completed and submitted when the revised dissertation is approved. Dissertation research involving human participants is subject to review by CGU's Institutional Review Board (IRB).

STUDENT INFORMATION

CGU ID# 254 - _____

Last Name _____ First Name _____

Department/Program _____ Degree _____

Degree Completion Survey Code _____

COMMITTEE MEMBER CERTIFICATION

By the individual signatures below, the committee certifies the results of the student's oral exam/defense and dissertation/manuscript approval as indicated below. We understand that if the student has been requested to revise the dissertation/manuscript, an additional Final Approval Form must be submitted and signed either by all members of the committee or the Committee Chair if the committee has delegated this authority.

<p>Defense/Oral Exam Results (choose one):</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Not Approved</p> <p><input type="checkbox"/> Previously Approved</p> <p><input type="checkbox"/> Not Required (DMA or DCM students only)</p>	<p>Dissertation/Manuscript Approval (choose one):</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Revisions Required <i>(final approval to be submitted separately)</i></p> <p>Revisions will be approved by:</p> <p><input type="checkbox"/> Committee Chair(s) only</p> <p><input type="checkbox"/> All Committee Members</p>
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Chair/Co-Chair Name _____ Chair/Co-Chair Signature _____ Date _____

Co-Chair/Member Name _____ Co-Chair/Member Signature _____ Date _____

Member Name _____ Member Signature _____ Date _____

Member Name _____ Member Signature _____ Date _____

Separate sheet is attached with additional approvals

STUDENT ACKNOWLEDGMENT

By signing below, I acknowledge the results of my oral examination/defense as indicated above. I understand that in order for my degree to be awarded, all graduation requirements must be completed by the degree deadline posted in the Academic Calendar, including the Degree Completion Survey and submission of my dissertation for publication (manuscript submission is not required for DMA or DCM students but a copy of the manuscript title page must be attached to this form).

Student Signature _____ Date _____

DEPARTMENT/PROGRAM CERTIFICATION

Dean/Director Name _____ Signature _____ Date _____

Dept. Review _____ Signature _____ Date _____

Submit Completed Form to Registrar's Office