

Argosy University
San Francisco Bay Area Campus

Clinical Research Project Oral Defense Completion

Candidate Name (type or print)

Date

Title of Clinical Research Project

Names of those attending the candidate's Oral Defense presentation and their affiliations with the candidate's Clinical Research Project (if applicable):

Committee Chair

Reader

_____ (affiliation)

_____ (affiliation)

_____ (affiliation)

_____ (affiliation)

Outcome of Oral Defense (**check one**):

_____ **Clinical Research Project approved without revisions**

_____ **Clinical Research Project approved contingent upon the following modifications:**

- 1.
- 2.
- 3.

All modifications are to be completed no later than two weeks from the date of the Oral Defense presentation.

Student will complete the above modifications and submit a final draft of the Clinical Research Project to the Clinical Research Project committee chair for approval on the following date:

_____ .

Please submit the completed form to the Argosy Student Services Department.