

Argosy University
San Francisco Bay Area Campus

999 A Canal Blvd., Point Richmond, CA 94804
Phone: 510-215-0277 Fax: 510-215-0299

DISSERTATION DEFENSE COMPLETION

Candidate Name (type or print)

Date

Title of Dissertation

Names of those attending the candidate's Dissertation Defense presentation and their affiliations with the candidate's DISSERTATION (if applicable):

_____	Committee Chair
_____	Reader
_____	_____ (affiliation)
_____	_____ (affiliation)
_____	_____ (affiliation)
_____	_____ (affiliation)

Outcome of Dissertation Defense (check one):

_____ Dissertation approved without revisions
_____ Dissertation approved contingent upon the following modifications:

- 1.
- 2.
- 3.

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

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

_____ .

Please submit the completed form to Dr. Elaine M. Artman, Chair, Department of Education and Human Development

Copies of completed form to: Student, Dissertation Committee Chair