



Approval to Submit and Defend Doctoral Dissertation

Student completes this section.

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number _____ **Email** _____

Student I.D. No. _____ **Date of Defense** _____ **Completion Date** _____

This date can be recorded only after all required changes have been approved by the committee. Students have 3 months from this date to make changes to the formatting that may be required by the Thesis Coordinator.

Title of Dissertation _____

To Be Completed by the Dissertation Committee

The Dissertation Committee unanimously verifies that the student named above has completed all required changes and that they have been approved by the committee. By signing this document, we acknowledge that the manuscript is released for review by the Thesis Coordinator. We, the committee members, certify that this dissertation defense was fair and in keeping with USC's academic and ethical standards. See the Graduate School website for information about deadlines and details about the submission process.

| Signature | Printed Name | Date |
|------------------|---------------------|-------------|
| _____ | _____ | _____ |
| Committee Chair | | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |
| _____ | _____ | |

For Internal Use Only
Date of completion entered on SIS by Graduate Advisor _____
Signature of Graduate Advisor _____ Date _____

NOTE: This form should be kept in the student's file.