

FORM F3 Final Defense Completion

6100 Center Dr. Los Angeles, CA 90045 310-568-5600

Student Full N	lame				
CWID	Program				
Title of Dissert	tation				
The disse	ertation manuscript has b	een submitted to Turr	nitin and reviewed with chair.		
	has				
Student Full N	l ame passed the Fi	passed the Final Defense with no modifications required.			
	passed the Fi	nal Defense with modi	fications required.		
	has not passe	d the Final Defense.			
Date of Final Defense		_			
	Date	•			
Chair Approval					
••	First Name & Middle Initia	al Last Name	Chair Signature	Date	
Committee Member					
Approval	First Name & Middle Initia	al Last Name	Member Signature	Date	
	First Name & Middle Initia	al Last Name	Member Signature	Date	

Note to Chair: Prepare a letter for the student defining the modifications required (if applicable).