

## FORM F3 Final Defense Completion

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

Student Full N	lame				
CWID		F	Program		
Title of Dissert	tation				
	has				
Student Full N	ame passed the Fir	passed the Final Defense with no modifications required.			
	passed the Fir	nal Defense <b>with modif</b>	ications required.		
	has not passed	l the Final Defense.			
Date of Final Defense		<u></u>			
rillat Delelise	Date				
Chair Approval					
Арргочас	First Name & Middle Initia	l Last Name	Chair Signature	Date	
Committee Member					
Approval	First Name & Middle Initia	l Last Name	Member Signature	Date	
	First Name & Middle Initia	Last Name	Member Signature	Date	
	First Name & Middle Initial	Last Name	Member Signature	Date	

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