

FORM P2 Preliminary Oral Completion

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

Name					
CWID			Program		
Title of Propo	osal				
The diss	sertation p	roposal has been	submitted to Turnit	in and reviewed with chair.	
		_ has			
Student Full Name		passed with modifications , to be completed and resubmitted before the student may continue.			
				student may continue progress.	
	passed with no modifications. The student may continue progress.				
		has not passed	I the Preliminary Oral	.	
Date of Preliminary	 Date				
Oral					
Chair Approval					
	First Nam	e & Middle Initial	Last Name	Chair Signature	Date
Committee Member					
Approval	First Name & Middle Initial		Last Name	Member Signature	Date
	First Name & Middle Initial		Last Name	Member Signature	Date
	First Nam	e & Middle Initial	Last Name	Member Signature	Date

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