

## FORM P2 Preliminary Oral Completion

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

Name					
CWID			Program		
Title of Propo	osal				
The dis	sertation proposal has	been submitted to Turn	nitin and reviewed with chair.		
Student Full	has Name passed v	has  passed with modifications, to be completed and resubmitted before the student may continue.			
	passed v	vith modifications, but tl	he student may continue progress.		
	passed v	with no modifications. Th	he student may continue progress.		
	has not <sub>l</sub>	passed the Preliminary O	ral.		
Date of Preliminary Oral	Date				
Chair Approval	First Name & Middle I	nitial Last Name	Chair Signature	Date	
Committee Member Approval	First Name & Middle I	nitial Last Name	Member Signature	Date	
·	First Name & Middle I	nitial Last Name	Member Signature	Date	

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