University of Southern California
Approval to Submit Defended & Final Copy of Doctoral Work
(Replaces green Final Typing Card)

School Dentistry Major OS Post Code 1159

Degree OTD

Name

Last First Middle

Address

Street City State Zip

StudentI.D. Phone Email

________________________________________________________________________

Title

Completion Date

To be completed by the Project Committee only:
The Project Committee unanimously verifies that the above student has successfully
completed the project and that all required changes have been made and approved.

Signature Printed Name Date

_____________________________ ____________________________

(Committee Chair) (Date)

_____________________________

(Additional Reader) 

_____________________________

(Additional Reader) 

Graduate Advisor has made entry on SIS

_____________________________

(Graduate Advisor) (Date)

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