

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

Student I.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)

(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.

