

Completion of the Final Exam Committee Recommendations

STUDENT'S NAME _____

TITLE OF PROJECT _____

DATE OF FINAL EXAM _____

FACULTY MENTOR'S NAME(S) _____

My (our) review indicates:

- The document has been corrected per the Final Exam Committee's Recommendations and is now ready for Quality Control.

SIGNED _____

DATE _____

Copies to:

Faculty Mentor(s)

Student

Doctoral Office