

The Graduate School and University Center
The City University of New York
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Approval of Revised Dissertation

Candidate's Name ID#

Discipline and Specialization(s)

Examination conducted at On (Date)

Title of Dissertation (as accepted)

I certify that the **minor** revisions have been made by the candidate and that the dissertation is now acceptable. (Must be approved by the Chair of the examining committee. Sign and date below.)

Chair Date

We certify that **major** revisions have been made by the candidate and that the dissertation is acceptable. (Must be approved by the Chair and two members of the examining committee. Sign and date below.)

Member Date

Member Date

Chair Date

Executive Officer Date

Approved by Date

Associate Provost and Dean for Sciences

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