

# 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

Dean for the Sciences

Recorded by

Date

Senior Registrar