

Office of the Registrar

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APPROVAL OF REVISED DISSERTATION

STUDENT & EXAM INFORMATION

_____			_____
Date			
Name: Last	First	MI	EMPLID (CUNYfirst ID)
Original Date of Examination: _____	Date of Accepted Revision: _____		
Title of Dissertation (as accepted) _____			

COMMITTEE'S DECISION

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);

_____	_____
Signature of Chair of Committee	Date

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

_____	_____
Signature of Chair of Committee	Date

_____	_____
Signature of Member of Committee	Date

_____	_____
Signature of Member of Committee	Date

APPROVALS

Approved by: _____	_____
Executive Officer of Program	Date

Approved by: _____	_____
Associate Provost or Dean for the Sciences	Date