

## DISSERTATION FORM 4 – DBA PROGRAM ORAL DEFENSE STATUS

Please return this form directly to Graduate Academic Services

Name:				
Last F Student I.D.				
ULV Email:		Phone:		
Address:				
Street		City	State	Zip
This is to certify that this candid	date has:			
Passed, with no	revisions needed.			
Passed, with min	nor revisions need	ed (please provide	details on back).	
Passed, with ma	jor revisions needs	ed (please provide	details on back)	
Not passed, def	Tense to be continu	ed (please provide	details on back)	
Failed (please p	rovide details on b	ack)		
Signatures:				
		Committee Chair	•	
		Committee Member		
		Committee Mem	ber	
NOTE TO CANDIDATE: You	•			
complete the entire dissertation	•	* *		
does not complete this process new Oral Defense and cover ar	•		•	
must maintain continuous regis time limit.			-	
Final Approval:		Date:		
(Dean Si	gnature)			