

Argosy University
San Francisco Bay Area Campus

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**CLINICAL RESEARCH PROJECT ORAL DEFENSE
COMPLETION**

Candidate Name (type or print)

Date

Title of Clinical Research Project

Names of those attending the candidate's Oral Defense presentation and their affiliations with the candidate's Clinical Research Project (if applicable):

_____	Committee Chair
_____	Reader
_____	_____ (affiliation)
_____	_____ (affiliation)
_____	_____ (affiliation)
_____	_____ (affiliation)

Outcome of Oral Defense (check one):

_____ Clinical Research Project approved without revisions
_____ Clinical Research Project approved contingent upon the following modifications:

- 1.
- 2.
- 3.

All modifications are to be completed no later than two weeks from the date of the Oral Defense presentation.

Student will complete the above modifications and submit a final draft of the Clinical Research Project to the Clinical Research Project committee chair for approval on the following date:

_____ .

Please submit the completed form to Dr. Carl Word

Copies of completed form to: Student, Dissertation Committee Chair, Human Subject Committee Chair