

**College of Graduate Studies
Medical University of South Carolina**

CERTIFICATION OF SUCCESSFUL GRANT DEFENSE

MEMORANDUM

TO: College of Graduate Studies, Dean's Office

FROM: _____
Chairman, Advisory Committee

Department

Date: _____

RE: CERTIFICATION FOR SUCCESSFUL GRANT DEFENSE

Student's Name

Department

This is to certify that the above-named student has completed all necessary requirements, including an oral Grant presentation on campus, to qualify for the degree of **Master of Science in Clinical Research.**

ADVISORY COMMITTEE

Department Chair

Graduate Coordinator