

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

GRANT DEFENSE NOTIFICATION

We, the members of the Advisory Committee for:

_____ Student's Name _____ Department _____

Certify that the grant is ready for defense. _____ (Degree)

Chairman, Advisory Committee

_____ Date _____
_____ Date _____
_____ Date _____
_____ Date _____

**Signatures signify that you will
be present at the Defense.
(Please see note at bottom of page.)*

We, the following, have reviewed the draft of the grant defense and concur with the Advisory Committee that it is ready for defense.

_____ Graduate Coordinator _____ Chairman, Department/Steering Committee

Grant Defense Announcement Information

~ Please type or print legibly ~

Date: _____ Day: _____ Time: _____
Room No.: _____ Building: _____

TITLE OF GRANT:

* In the case when a member will not be present, it is the student's responsibility to meet with the faculty member individually and obtain their signature.