

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

CERTIFICATION OF SUCCESSFUL DEFENSE

MEMORANDUM

To: College of Graduate Studies, Dean's Office

From: _____
Chairperson, Advisory Committee

Department/Program

Date: _____

Re: **CERTIFICATION FOR SUCCESSFUL DEFENSE**

Student's Name

Department

This is to certify that the above-named student has completed all necessary requirements, including a research seminar presentation on campus, and successful defense of and submission of the final draft of his/her dissertation, to qualify for the degree of **Doctor of Philosophy**.

ADVISORY COMMITTEE

Graduate Coordinator

Dean, College of Graduate Studies