

College of Graduate Studies  
Medical University of South Carolina

**MASTER OF SCIENCE IN CLINICAL RESEARCH**

~ PLEASE TYPE OR PRINT LEGIBLY ~

**CERTIFICATION OF SUCCESSFUL GRANT DEFENSE**

**MEMORANDUM**

To: College of Graduate Studies, Dean's Office

From: \_\_\_\_\_  
Advisory Committee Chairman

\_\_\_\_\_  
Department/Program

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

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*Program Director*