

College of Graduate Studies
Medical University of South Carolina

MASTER OF SCIENCE IN CLINICAL RESEARCH

~ PLEASE TYPE OR PRINT LEGIBLY ~

GRANT 'READY TO DEFEND'

We, the members of the Advisory Committee for:

Student's Name

Department

Certify that the grant is ready for defense:

Advisory Committee Chairman

(Degree)

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.

Program Director

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, prior to the defense, and obtain their signature.*