

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

Date: _____

RE: CERTIFICATION FOR SUCCESSFUL THESIS 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 his/her thesis, to qualify for the degree of **Master of Science**.

ADVISORY COMMITTEE

Graduate Coordinator

Dean, College of Graduate Studies