

College of Graduate Studies
Medical University of South Carolina

THESIS/DISSERTATION DEFENSE NOTIFICATION

We, the members of the advisory Committee for:

_____ Student's Name _____ Department

Certify that the thesis/dissertation is ready for defense: _____ (Degree)

Chairperson, Advisory Committee

_____ Date
_____ Date
_____ Date
_____ Date

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

One copy of the final rough draft is available in the following location: _____

We, the following, have reviewed the draft of the thesis/dissertation and concur with the advisory committee that it is ready for defense.

Graduate Coordinator

Chairperson, Department/Steering Committee

Dissertation/Thesis Announcement Information
~ Please type or print legibly ~

Date: _____ Day: _____ Time: _____

Room No: _____ Building: _____

TITLE OF THESIS OR DISSERTATION:

This announcement must be in the Graduate Office at least three weeks prior to the defense date!

*In the case when a member will not be present, the member must delegate his/her responsibility to a faculty member with the same general background. The member is also required to attach a legible note to this form stating replacement's name and department along with an approval signature from the Chairman of the Advisory Committee. Substitution may be made for only ONE member of the committee.