

**COLLEGE OF NURSING
MEDICAL UNIVERSITY OF SOUTH CAROLINA
CERTIFICATION OF SUCCESSFUL DEFENSE**

MEMORANDUM

To: College of Graduate Studies, Dean's Office

From: _____
Chairman, Dissertation Committee

Date: _____

RE: CERTIFICATION FOR SUCCESSFUL DEFENSE

Student's Name

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

DISSERTATION COMMITTEE

Director of Doctoral Program

Dean, College of Graduate Studies