

College of Graduate Studies
Medical University of South Carolina

THESIS/DISSERTATION DEFENSE NOTIFICATION

We, the mentor and Graduate Coordinator for:

Student's Name

Degree

Department

Certify that the thesis/dissertation is ready for defense:

Print Chairperson Name

Signature Chairperson Advisory Committee

Print Co-chair, if applicable

Signature Co-Chair

Print Graduate Coordinator

Signature Graduate Coordinator

*The committee members have agreed to the defense date and will attend

Number of MUSC Publications _____ Published _____ In Press _____ Submitted _____ Date: _____

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

Date: _____ Day: _____ Time: _____

Room No: _____ Building: _____

TITLE OF THESIS OR DISSERTATION: PLEASE ATTACH YOUR ABSTRACT (if it can be posted on our website) AND A COPY OF THE THESIS/DISSERTATION SIGNATURE PAGE-signatures not required

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.*