

**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/Program

Re: **CERTIFICATION FOR SUCCESSFUL DEFENSE**

Student's Name Department

Date of Defense: _____

Date Final Dissertation accepted / approved : _____

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 and submission of the **final approved dissertation**, to qualify for the degree of Doctor of Philosophy.

Embargo required (circle one) yes no
If yes, **length of embargo** (circle one) 2 years or 5 years

ADVISORY COMMITTEE

Graduate Coordinator

Dean, College of Graduate Studies

Please note: According to the College of Graduate Studies Council Policy, If the "Successful Defense" form is not submitted to CGS by the last day of class in a given semester, the student will need to enroll for 1 semester hour for the following semester in order to complete the requirements. (at the student's expense)