



GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES
NEW YORK MEDICAL COLLEGE

APPROVAL OF M.S. LITERATURE REVIEW

INSTRUCTIONS: All information must be typewritten with the exception of the examiners' signatures. All signatures must be signed in blue ink. Submit this Approval form along with the original Literature Review (plus one copy) to the Graduate School Office.

NAME OF STUDENT _____ / _____ / _____
Last First Middle

DEPARTMENT _____ SPONSOR _____

LITERATURE REVIEW TITLE:

The committee hereby certifies that a satisfactory M.S. Literature Review was completed and recommends that it be accepted by the Graduate School of Basic Medical Sciences of New York Medical College in partial fulfillment of the requirements of the Master of Science degree.

EXAMINERS:

NAME	TITLE AND DEPARTMENT	SIGNATURE

VERIFICATION:

_____/_____/_____
Graduate Program Director OR Chairperson Date

GSBMS Dean Date