



GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES
NEW YORK MEDICAL COLLEGE

DEFENSE OF THESIS CERTIFICATION

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 Thesis or Dissertation (plus one copy) to the Graduate School Office.

NAME OF STUDENT _____ / _____ / _____
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DEPARTMENT _____ SPONSOR _____

DEFENSE OF M.S. Thesis Ph.D. Dissertation DATE OF EXAMINATION _____

THESIS TITLE:

The committee hereby certifies that a satisfactory defense of the thesis was presented and recommends that the Master's thesis
 Doctoral Dissertation be accepted by the Graduate School of Basic Medical Sciences New York Medical College in partial fulfillment
of the requirements of the M.S. Ph.D. degree.

EXAMINERS:

NAME	TITLE AND DEPARTMENT	SIGNATURE

VERIFICATION:

_____/_____/_____
Graduate Program Director OR Chairperson Date