



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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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.

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Graduate Program Director OR Chairperson Date