



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 two copies) to the Graduate School Office.

NAME OF STUDENT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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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

\_\_\_\_\_  
GSBMS Dean

\_\_\_\_\_  
Date