



Washington University in St. Louis

SCHOOL OF MEDICINE

DISSERTATION EXAMINATION APPROVAL (PHD) FORM

This form should be completed by the dissertation defense committee and submitted to the School of Medicine Registrar's Office at wusmregistrar@wustl.edu by a program representative.

Student Name: _____

Student ID: _____

Program Name: _____

Date: _____

To the School of Medicine:

We, the undersigned, report that as a committee we have examined the dissertation entitled _____

_____ and have given it our approval for acceptance in partial fulfillment of the requirements for the degree of Doctor of Philosophy. We certify that the dissertation conforms to the requirements described in "Statement by Graduate Council on Minimal Requirements for Ph.D. Dissertations" as published in the Washington University Doctoral Dissertation Guide. We also certify that we have examined the above-named student upon the work done in the above-listed program and find this student's attainments fully warrant admission to the degree of Doctor of Philosophy.

Signed:

_____, Chair

I dissent from the foregoing report.

Graduate Program Director Name

Graduate Program Director Signature

Date

Recorded by the School of Medicine (initial/date): _____

Dissertation Submission Approved (initial/date): _____