

DISSERTATION EXAMINATION APPROVAL (PHD) FORM

This form should be completed by the dissertation defense committee and returned to the student's graduate program. The graduate program will enter the appropriate accomplishment in Workday.

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):** _____