

COLLEGE OF NURSING MEDICAL UNIVERSITY OF SOUTH CAROLINA

DISSERTATION DEFENSE NOTIFICATION

We, the members of the Dissertation Committee for:

Student's Name

Certify that the thesis/dissertation is ready for defense.

Chairman, Dissertation Committee

_____ *Date*

_____ *Date*

_____ *Date*

_____ *Date*

**Signatures signify that you will be present at the Defense. (Please see note at the bottom of page).*

Dissertation Announcement Information

~ Please type or print legibly ~

Date: _____ Day: _____ Time: _____

Room No: _____ Building: _____

TITLE OF THESIS OR DISSERTATION:

This announcement must be in the Doctoral Director's Office one month prior to the defense date.

*In the case when a member will not be present, the member must delegate his/her responsibility to a faculty member with the same general background. The member is also required to attach a legible note to this form stating replacement's name and department along with an approval signature from the Chairman of the Dissertation Committee. Substitution may be made for only ONE member of the committee.