

**COLLEGE OF NURSING
MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**CERTIFICATION OF SUCCESSFUL DEFENSE
OF DISSERTATION PROPOSAL**

MEMORANDUM

To: Director of Doctoral Program

From: _____
Chair, Dissertation Proposal Committee

Date: _____

RE: Certification for Successful Defense of Dissertation Proposal

Student's Name

This is to certify that the above-named student has successfully defended his/her dissertation proposal and is ready to proceed with dissertation credits.

Dissertation Proposal Committee

Director of Doctoral Program

