



UNIVERSITY OF SOUTH CAROLINA BIOMEDICAL SCIENCE GRADUATE PROGRAMS

FORM 5 – DISSERTATION/ THESIS DEFENSE ACTION

Upon successful completion of the MS thesis or PhD dissertation, the chair of the student and Advisory Committee members should complete this form to officially document the results of the defense. The completed form should be submitted to Ms. Ansley Roberts in the School of Medicine Graduate Office.

Office of Graduate Studies
University of South Carolina
School of Medicine
Columbia, SC 29208

I am pleased to inform you that on _____, _____
Date *Student Name*

successfully defended their thesis/ dissertation research for the MS or PhD degree,
respectively in the University of South Carolina Biomedical Sciences Program.

The Committee consisted of:

Major Professor Signature

Committee Chair Signature

Committee Member Signature

Committee Member Signature

Outside Member Signature