



Sackler School of
Graduate Biomedical Sciences

PhD Thesis Defense Form

This form is available online at (<http://sackler.tufts.edu/Student-Life/Information-for-Current-Students/Student-Forms>).

TO BE COMPLETED BY THE THESIS EXAMINATION COMMITTEE or CTS COMMITTEE CHAIR

This is to certify that the undersigned,

appointed to determine the acceptability of the thesis for _____
(CANDIDATE'S NAME)

for the Doctor of Philosophy degree

in _____ on _____
(PROGRAM) (DATE OF THESIS DEFENSE EXAMINATION)

have examined the candidate's thesis titled: _____

and found it satisfactory.

Furthermore, this committee has determined that the amount of full-time effort needed to complete the specific thesis revisions required of this candidate is: 2 weeks 4 weeks other (please specify) _____

Thesis Examination Committee Member Signatures (required for all BASIC BIOMEDICAL DIVISION degrees):

Committee Chair: (Print) _____ (Signature) _____

Examiner: (Print) _____ (Signature) _____

Examiner: (Print) _____ (Signature) _____

Examiner: (Print) _____ (Signature) _____

Faculty Adviser: (Print) _____ (Signature) _____

Outside Examiner: (Print) _____ (Signature) _____

CTS Advisory Committee Chair Signature (required for all CLINICAL RESEARCH DIVISION degrees):

Committee Chair: (Print) _____ (Signature) _____