



**University of Mississippi Medical Center
John D. Bower School of Population Health
Thesis Defense Form**

Student Full Name: _____

Pursuing Degree: **Master of Science in** _____

This is to certify that _____, candidate for
(candidate's full name)

the degree of **Master of Science in** _____
(degree program track)

satisfactorily passed the oral defense of the thesis, entitled _____

_____ on _____
(mm/dd/yyyy)

Sincerely yours,

Chairperson, Advisory Committee

Committee Members

I certify that all of the committee members whose signatures appear here were present at this final oral defense of candidate's thesis.

Chairperson, Advisory Committee (Printed): _____