



SCHOOL OF MEDICINE
*Graduate Program in
Biomedical Sciences*

Final Examination

To the Assistant Dean and/or Co-Director of the Graduate Program in Biomedical Sciences:

This is to certify that _____ ID _____ has stood
Student Name Tulane ID number
and passed the final examination, and the thesis/dissertation, _____
Thesis Title

has been approved by the committee. Therefore, he/she is recommended for the degree of

Check one: Doctor of Philosophy Master of Science

in _____ to be conferred in the following semester:

Spring _____ Summer _____ Fall _____
Year Year Year

Date of Examination if applicable

Dissertation Committee Member Name

Signature

Dissertation Committee Member Name

Signature