



MEDICAL SCHOOL
*Interdisciplinary PhD
in Aging Studies*

To the Assistant Dean of the Graduate Program in Biomedical Sciences:

This is to certify that _____ has stood and passed the
(Name)
final examination, and the thesis/dissertation,

(Title)

has been approved by the committee. Therefore, he/she is recommended for the degree of
Doctor of Philosophy in Aging Studies to be conferred at the Commencement to be held

Date

Date of Examination

Advisor

Program Director, Aging Studies

Co-Advisor

Committee Member

Committee Member