



Climate Dynamics Ph.D. Program

DEFENSE OF DOCTORAL THESIS

STUDENT NAME: _____ G# _____ DATE: _____

Home Address: _____

Telephone: _____ E-mail: _____

Date of Pre Defense: _____

Date of Final Defense: _____

This certifies that the above named student has been examined by Doctoral Dissertation Committee and has successfully defended the dissertation in the College of Science. The committee members agree that this student has completed all of the requirements necessary and recommend him/her for the degree of Doctor of Philosophy in Climate Dynamics.

Dissertation Committee

Name:

Signature:

Committee Chair & Affiliation

Member & Affiliation

Member & Affiliation

Member & Affiliation

Member & Affiliation

Member & Affiliation

Dissertation Director:

_____ Date: _____

(SIGNATURE)

Graduate Coordinator:

_____ Date: _____

(SIGNATURE)