



DEPARTMENT OF MATHEMATICAL SCIENCES

DEFENSE OF DOCTORAL THESIS

STUDENT NAME: _____ G# _____

Home Address: _____

Telephone: _____ E-mail: _____

Title of Dissertation: _____

Date of Final Defense: _____

DEFENSE

This certifies that the above named student has been examined by their Doctoral Dissertation Committee and has successfully defended his/her dissertation in the Department of Mathematical Sciences. The committee members agree unanimously that this student has completed all of the requirements necessary and recommend him/her for the degree of Doctor of Philosophy.

Dissertation Committee

Name:	Signature:
_____	_____
Advisor & Affiliation	_____
_____	_____
Member & Affiliation	_____
_____	_____
Member & Affiliation	_____
_____	_____
External Member & Affiliation	

Director of Graduate Studies: _____ **Date:** _____
(SIGNATURE)

Chair of Mathematical Sciences: _____ **Date:** _____
(SIGNATURE)