

**Doctoral Research Proposal Defense
(Ph.D. candidacy examination)**

_____ Date

TO: Health Sciences Center Graduate Programs Office
2271 Health Sciences South
PO Box 9024
Morgantown, WV 26506-9024

FROM: _____ (Chairperson of the Research Advisory Committee)

This is to certify that _____, WVU ID# _____,

a PhD candidate in the Graduate Program of _____, completed the Research

Proposal Defense as follows:

Approved _____ Failed _____ Date _____

Signatures of Graduate Student Research
Advisory Committee:

Names typed:

*Submit to Health Sciences Center Graduate Programs office immediately following the examination.

Revised 09/08