



Graduate School of Biomedical Sciences

Approval of Thesis Revisions

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The thesis by _____ in _____
(CANDIDATE'S NAME) (PROGRAM)

titled _____

and submitted in partial fulfillment of the requirements for the degree of:

Doctor of Philosophy or Master of Science

has been examined for all revisions and corrections recommended by the candidate's committee and is certified as acceptable for publication.

PhD Thesis Committee Chair or PDD MS Faculty Advisor Signature (not required for CTS MS students):

Signature _____ Date _____

Program Director Signature (required for all GSBS students):

Signature _____ Date _____

Diploma and Graduation Information

Candidate's name as you wish it to appear on your diploma:

(FIRST) (MIDDLE) (LAST)

Telephone: _____ Non-Tufts email: _____

Address to send diploma _____
(STREET) (CITY) (STATE) (ZIP)

Previous degrees: _____ Earned at _____
(INSTITUTION)

_____ Earned at _____
(INSTITUTION)

Candidate's Signature _____ Date _____