

DREXEL UNIVERSITY COLLEGE OF MEDICINE

In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

CERTIFICATION OF THESIS

(Form I)

Date: _____

This is to certify that the accompanying copies of the Master's Thesis of

_____, are complete and correct as approved by the Thesis Examining Committee, are in satisfactory form to be bound.

Examining Committee Chairperson's Signature

Examining Committee Chairperson's Name Printed

Student's Signature