



**University of Mississippi Medical Center
John D. Bower School of Population Health
Approval for Awarding of Diploma**

This is to certify that _____
(candidate's full name)

satisfactorily completed the requirements below on _____, and is eligible

to receive the degree of _____ in _____
(degree) *(program)*

on _____.

Requirements

Enter "n/a" for not applicable.

No. of Semesters in Residence _____ semesters

Hours Earned _____ hours

Date of Preliminary Exam _____

Date Admitted to Candidacy _____

Date of Final Examination _____

Title of Dissertation _____

Journal of Publication _____

Receipt for Fees # _____ Date on receipt: _____

Approved

Program Director

Date

Dean, John D. Bower School of Population Health

Date