GS-EA-5

HOWARD UNIVERSITY
THE GRADUATE SCHOOL

FINAL ORAL EXAMINATION
(Certification of Successful Completion)
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Full Name of Candidate **Date of Examination**

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Department **Thesis/Dissertation Advisor**

Title of Thesis/Dissertation:

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We, the undersigned, hereby certify that the candidate named above has successfully completed the final Oral Examination and that the thesis/dissertation is also complete and needs no further modifications of any kind.

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Name and Title of each Committee Member to be typed on the left; Signature of each Committee Member on the right.

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