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Last Name ____________________________ First Name ____________________________ C- or UM Empl # ____________

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Note: Medical School graduate students should insert mentor’s name here

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Note: If applicable

3. CHECKLIST: Documents below must be included in your final packet to the Associate Director of Programs. Items 5-7 are required for doctoral students. Final submissions delivered in person to the Graduate School should be dropped off before 4 p.m., Monday through Friday.

_____ 1. Original signed Certificate of Defense Form

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