



College of Charleston

Master of Science in Environmental Studies Program

CERTIFICATION FOR SUCCESSFUL THESIS DEFENSE

Student Name (Print)

Title of Thesis: _____

This is to certify that the above-named student has satisfactorily completed all necessary requirements, including a successful defense of his/her thesis, to qualify for the degree of Master of Science.

Thesis Advisor (Print)

Thesis Advisor (Signature)

Date

Research Advisor (Print)

Research Advisor (Signature)

Date

Research Advisor (Print)

Research Advisor (Signature)

Date

Research Advisor (Print)

Research Advisor (Signature)

Date

MES Program Director (Print)

MES Program Director (Signature)

Date