

Carnegie Mellon University

Mellon College of Science

THESIS CERTIFICATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

Doctor of Philosophy

THESIS INFORMATION

THESIS TITLE:

PRESENTED BY: _____ ANDREW ID: _____
Student Name (printed)

ACCEPTED BY THE DEPARTMENT OF:

REQUIRED SIGNATURES

ADVISOR NAME: _____ SIGNATURE: _____ DATE: _____

ADVISOR NAME: _____ SIGNATURE: _____ DATE: _____

DEPARTMENT HEAD NAME:

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

APPROVED BY THE COLLEGE COUNCIL

DEAN SIGNATURE: _____ DATE: _____
Barbara Shinn-Cunningham, Glen de Vries Dean, Mellon College of Science