

DPHS Master of Science

Master's Thesis Defense

STUDENT ATTESTATION FORM – Readiness to enroll in Thesis Defense course

	Student Name:						Cane	ID:		
	Academic Program		MS PH	۵	MS Preven	tion		MS	Climate & Health	
	EPH 810-Section DEF – Number of Credits to enroll:									
	Term of Enrollment (Semester and Year):									
	I understand that I must complete 6 credits of EPH 810 – Master's Thesis requirement for my Master of Science (MS) program. Enrolling in this 800-level course for any number of credits represents "full-time" enrollment.									
	I have reviewed my thesis progress with my advisor and my committee chair and with their approval, I am ready to defend my thesis and meet the submission deadlines established by the University of Miami Graduate School ETD for the term/year indicated above.									
	I understand the Graduate School policy published in the University of Miami Academic Bulletin stating that I need to be enrolled full-time in the semester I defend my thesis – UM POLICY: "For thesis and dissertation students, full-time registration is required during the semester or summer session in which a candidate defends the thesis or dissertation." (UM Academic Bulletin – Full-Time Study)									
		stand that I am enrolling in the final credit(s) available to me for the master's thesis course: EPH810 section fense) and this is the final allowable enrollment for this course to complete the 6 credits required of thesis.								
	semester in meet the U	I understand that if I do not defend and meet the <u>ETD</u> submission deadlines while enrolled in EPH 810-DEF in the semester indicated above, I will have to enroll in an additional 1 credit course (EPH 820-Research in Residence) to meet the UM policy of full-time enrollment to defend. I understand enrollment in EPH 820 represents an additional credit above the required credits for the degree and I will incur an additional tuition cost for 1 credit.								
	To enroll in EPH 810-DEF, student is responsible for signing below, for collecting all approval signatures and for submitting to Grad Programs Assoc. Director for Professional Development who will request enrollment.									
Student Signature – acknowledges agreement to all items above								Date		
			ľ	lame		Appro	val signat	ures	Date	
Academic Faculty Advisor Thesis Constitutes Chair										
Thesis Committee Chair Program Director										
4. Gra	d Programs: Asso ector Professional									