Tim Stearns, PhD
Dean of Graduate Studies
The Rockefeller University
1230 York Avenue, Box 177
New York, NY 10065

Dear Dr. Stearns,

As members of the committee appointed to evaluate the completion of the Master's degree requirements of **Dr.** _____, we have reviewed the results of her or his clinical protocol on _____ and have found it to be acceptable in fulfillment of the University's requirements for the granting of the Master's degree. Therefore, we, the undersigned, are satisfied that Dr. _____ has met the requirements for the Master's degree in Clinical and Translational Science with respect to her or his written report, scientific presentation, and examination by this committee.

_____ Chair

_____ Faculty Member

_____ Faculty Mentor