

**Department of Mathematics and Statistics
UMBC**

Certification of 699 PhD Requirement

Student Name: _____

Topic of 699: _____

Semester 699 Taken: _____

Faculty Mentor: _____

Time, Date, Location of Presentation: _____

Length of Presentation: _____

Signature of Faculty Mentor: _____ **Date:** _____

Signature of GPD: _____ **Date:** _____