

## Literature Review Completion

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title of Literature Review: \_\_\_\_\_

\_\_\_\_\_

The following signatures certify that the student above has successfully completed the literature review requirement for the INF PhD Program.

INF PhD Faculty Member: \_\_\_\_\_

\_\_\_\_\_  
(signature)

INF PhD Faculty Member: \_\_\_\_\_

\_\_\_\_\_  
(signature)

Program Guidance Committee Chair: \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
Signature of INF Ph.D. Program Director