



HARVARD

School of Dental Medicine

DMSc Thesis Advisory Committee Meeting Form

STUDENT – PLEASE COMPLETE THE FOLLOWING FIELDS IN TYPE. SEND TO hsdmresearch@hsdm.harvard.edu FOR SIGNATURE.

Name of Student and Program: _____

Research Mentor Name, Academic Title and Affiliation: _____

Project Title: _____

Meeting Date: _____

Meeting Number (Circle One): **ONE TWO THREE FOUR** (Oral Biology Program Only)

Name and Academic Title
Committee Member 1 (Chair)

Signature

Name and Academic Title
Committee Member 2

Signature

Name and Academic Title
Committee Member 3

Signature

☐ APPROVE THESIS PROPOSAL AS IS

☐ APPROVE THESIS PROPOSAL WITH THE FOLLOWING RECOMMENDATIONS (**TO BE COMPLETED BY COMMITTEE CHAIR**):