

## MMSc Thesis Defense Form

We, the undersigned, have read and approved the thesis of

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

submitted in partial fulfillment of requirements for the degree of a

**Master of Medical Sciences at Harvard School of Dental Medicine.**

[Student name]

[Thesis title]

Signature

[Defense Committee member’s name]

Signature

[Defense Committee member’s name]

[Date]