

Approval of AGE Oral Qualifying Exam Committee

| Student | | | | |
|--|---|--|---|--|
| | First Name | Last Name | | |
| Research Mei | ntor | | | |
| | First Name | Last Name | | |
| Thesis Title_ | | | | |
| | | | | |
| director, and examiners: tv area of resea <u>Professors or</u> | the Director of Advanced No with expertise in diffe Irch specialization. Pleas | the student in consultation with to d Graduate Education. The Comm rent areas of Oral Biology and a to the note: two (2) of the three (3) co Iniversity or a Harvard-affiliated in | nittee consists hird with exp mmittee mer | s of at least three pertise in the student's mbers must be Associate |
| Committee. To varies dependent's are In periode Hybrocommunication of the communication of the committee. The committee of th | The Oral Qualifying Exam ding upon the student's of a of research. Format op erson: all parties, examin rid: at least one examine | rector can be present for the example should be approximately 1-2 how coursework and area of interest be ations available to take the Oral Conners and examinee, must be present is in person in the same room with a proctor (staffed from and be | urs in length. ut should no ualifying Exa sent in perso with the stud | The subject matter t be limited to the im: n in the same room dent |
| Oral Quali | fying Exam Commit | tee Members: | | |
| 1 | | | | (Committee Chair) |
| | First Name | Last Name | | |
| 2 | | | | |
| | First Name | Last Name | | |
| 3 | First Name | Last Name | | |
| | | | | |
| Approval o | of Committee: | | | |
| Program Dire | ector | | | |
| _ | First Name | Last Name | | |
| Signature | | | Date | |
| | Program Director | | | |
| Signature | | | Date | |
| <u> </u> | Dr. Sang Lee, DMD, MMS Director of Advanced Gra | | | |

Please return to Registrar Services in Suite 030