

DMSc Thesis Advisory Committee Meeting Form

STUDENT – PLEASE COMPLETE THE FOLLOWING FIELDS IN TYPE. SUBMIT SIGNED FORM TO CANVAS RESEARCH HUB.

Student Name and Program: _____

Research Advisor Name and Affiliation: _____

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Project Title: _____

Meeting Date: _____

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

Committee Member 1 (Chair) Name

Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Committee Member 2 Name

Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

Committee Member 3 Name

Signature

Academic Title (circle one): **Instructor** **Assistant Professor** **Associate Professor** **Professor**

APPROVE THESIS PROPOSAL AS IS

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