



**HARVARD**  
School of Dental Medicine

**MMSc Thesis Defense Form**

We, the undersigned, have read and approved the thesis of  
Dr. [Insert student full name]  
submitted in partial fulfillment of requirements for the degree of a  
**Master of Medical Science at the Harvard School of Dental Medicine.**

[Insert student name and current degrees]

[Insert thesis title]

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Signature

[Insert Defense Committee member's name]

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Signature

[Insert Defense Committee member's name]

[Insert date of thesis defense]