



HARVARD

School of Dental Medicine

MMSc Thesis Proposal Approval Form

STUDENT - PLEASE COMPLETE THE FOLLOWING FIELDS. SEND TO zachary_tuomey@hsdm.harvard.edu FOR SIGNATURE.

Name of Student/Program:

Project Title:

Research Mentor/Academic Title/Affiliation:

Meeting Date:

Name and Academic Title
Committee Member 1 (Chair)

Signature

Name and Academic Title
Committee Member 2

Signature

☐ APPROVE THESIS PROPOSAL AS IS

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