



**UNIVERSITY OF LOUISVILLE
SCHOOL OF DENTISTRY
ORAL BIOLOGY GRADUATE PROGRAMS**

Thesis Advisory Committee Form

To: *MS in Oral Biology Program Director*

Date _____

Student Name: _____

Student ID# _____

Major Subject Field: ORAL BIOLOGY (OBIO)

Additional program enrollment (e.g., DMD or Residency) _____

	<u>NAME</u>	<u>Proposed Committee Members DEPARTMENT</u>	<u>Signature as Agreement to Serve on Committee</u>
1.	_____	_____	_____
	Principal Advisor		
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The MS thesis committee requires a minimum of 4 members, including one member appointed from outside the Department in which the research is performed. Committee members should be appointed to the School of Dentistry Graduate Faculty as filed with the School of Interdisciplinary and Graduate studies.

If recommending someone not on the Graduate Faculty, or a faculty member not at the University of Louisville, attach a current curriculum vitae and a letter to the Program Director explaining why this person is being asked to participate.

Ad hoc appointment approved:

M.S. in Oral Biology Program Director

Date

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The above-named faculty members are hereby appointed to act as the Advisory Committee for the student named above.

M.S. in Oral Biology Program Director

Date