Thesis Approval Form Master of Science in Dentistry

An example of this form can be found on the next page. Please complete the form here. Only forms submitted through the above link will be accepted.

The form should be completed once your Thesis Advisory Committee has approved your research topic. This should occur no later than the spring of your first year. If you wish to apply for an Alexander Fellowship this form must be completed before you submit your application.

MSD Thesis Approval Form

School of Dentistry Virginia Commonwealth University
Masters of Science in Dentistry

****FIRST Year MSD Students must submit this form by JAN 31 of Spring Semester****

Student Name: _____ Student V No: _____

Thesis Advisor/PI: _____
[ ] I certify my Responsible Conduct of Research Training (RCR) is up to date.

Research Topic: _____
_____

My Signature Acknowledges that

- The research proposal is novel and suitable for a Master's of Science in Dentistry Degree
- I have read and understand my obligations as a member of this thesis advisory committee
- I am happy to serve for the duration of the student's thesis research

_____

(Print Name) (Signature) Department & Rank
Chair of thesis committee/PI

_____

(Print Name) (Signature) Department & Rank
Member

_____

(Print Name) (Signature) Department & Rank
Member

_____

(Print Name) (Signature) Department & Rank
Member

_____

(Print Name) (Signature) Department & Rank
Member

_____

(Print Name) (Signature) Department & Rank
Program Director