

Application for Admission to Degree  
Candidacy: Brian A Brodine



To the Dean, College of Graduate Health Sciences:

I, Brian A Brodine, hereby apply for admission to degree candidacy for the M.D.S. degree in the Dental Sciences program. I present the attached transcript that indicates I have met the requirements for the degree candidacy.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We certify that the candidate has completed **all of the required courses** for the M.D.S. degree in the Dental Sciences program.

**Application approved:**

\_\_\_\_\_  
**Program Director**

\_\_\_\_\_  
**Track Director (if applicable)**

\_\_\_\_\_  
**Dean**

\_\_\_\_\_  
**Date admitted to Candidacy**

**Faculty Committee Signatures:**

\_\_\_\_\_  
**Tom V Koriath (Advisor)** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**David R Cagna** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Wainscott C Hollis** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Brian Morrow** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Mohamed Shafter** **Date:** \_\_\_\_\_

**CGHS address:** College of Graduate Health Sciences, The University of Tennessee Health Science Center,  
920 Madison, Suite 807, Memphis, TN 38163 Voice: 901-448-5538