

Application for Admission to Degree
Candidacy: Lucinda Paulina Del Mar



To the Dean, College of Graduate Health Sciences:

I, Lucinda Paulina Del Mar, hereby apply for admission to degree candidacy for the M.S. degree in the Epidemiology 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.S. degree in the Epidemiology program.

Application approved:

Program Director

Track Director (if applicable)

Dean

Date admitted to Candidacy

Faculty Committee Signatures:

Elizabeth A Tolley (Advisor) **Date:** _____

Kellie Cole **Date:** _____

Simonne S Nouer **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