

Application for Admission to Degree
Candidacy: Megan R. Charowski



To the Dean, College of Graduate Health Sciences:

I, Megan R. Charowski, 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:

Faculty Committee Signatures:

Program Director

(Advisor) **Date:**

Track Director (if applicable)

Larry Dormois **Date:**

Dean

Jennifer Fernandez **Date:**

Date admitted to Candidacy

Mark Scarbecz **Date:**

Martha Wells **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