

Application for Admission to Degree
Candidacy: Stephanie I Drake



To the Dean, College of Graduate Health Sciences:

I, Stephanie I Drake, 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

Anastasios Karydis (Advisor) **Date:**

Track Director (if applicable)

David Brand **Date:**

Dean

Douglas Dixon **Date:**

Date admitted to Candidacy

Syed Hasan Raza **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