

Application for Admission to Degree
Candidacy: Sarah Kimbrough



To the Dean, College of Graduate Health Sciences:

I, Sarah Kimbrough, 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

Edward F Harris (Advisor) **Date:**

Track Director (if applicable)

William G Parris **Date:**

Dean

Richard A Williams **Date:**

Date admitted to Candidacy

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