Application for Admission to Degree Candidacy: Shelby Wallace



To the Dean, College of Graduate Health Sciences:

	ssion to degree candidacy for the M.S. deg ched transcript that indicates I have met th	
Signature of applicant:	Date:	
We certify that the candidate has complete Epidemiology program.	ed all of the required courses for the M.S	. degree in the
Application approved:	Faculty Committee Signature	es:
Program Director	Elizabeth A Tolley (Advisor)	Date:
Track Director (if applicable)	Jason Goldberg	Date:
 Dean	Saunak Sen	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