DATE: December 4, 2015
TO: Students Enrolled in DENT:8500:0800 (112:190:800) Dental Student Research Honors Program
    Mentors of Students Enrolled in Course
FROM: Dr. Teresa Marshall, Director
       Dental Student Research Program
SUBJECT: Grades for DENT:8500:0800 (112:190:800) Dental Student Research Honors Program, Fall 2015

GRADE FORM
DENT:8500:0800 (112:190:800) Dental Student Research Honors Program
Fall 2015, 1 semester hour

Please complete and return this form to Lynn Schaul, lynn-schaul@uiowa.edu, N406 DSB,
by Friday, December 18, 2015 at 4:00pm.

IMPORTANT: Both student and mentor signatures are required before grades can be recorded.
Only one form needs to be submitted.
Forms submitted after December 18 at 4:00pm or not submitted will result in an Incomplete (I) grade.

I BELIEVE MY GRADE FOR THIS SEMESTER SHOULD BE: __________________  or  Incomplete

STUDENT NAME (please print): ________________________________

STUDENT SIGNATURE: ______________________________________

MENTOR(S) NAME(S) (please print): ____________________________

MENTOR(S) SIGNATURE(S): _________________________________

RESEARCH OBJECTIVES: (Please use the space below and the back of the sheet to indicate which research objectives were completed and/or list other work.)

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