GRADE FORM

PCD:8500:0800 Dental Student Research Honors Program  
Fall 2016, 1 semester hour

Please complete and return this form to Lynn Schaul, lynn-schaul@uiowa.edu, N422 DSB, 
by Friday, December 16, 2016 at 1:00pm.

IMPORTANT: Both student and mentor signatures are required before grades can be recorded. 
Only one form needs to be submitted. 
Forms submitted after December 16 at 1:00pm or not submitted will result in an Incomplete (I) grade.

I BELIEVE MY GRADE FOR THIS SEMESTER SHOULD BE: _____________

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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