DATE: July 23, 2013

TO: Students Enrolled in Dental Research Honors Course (112:190)
    Mentors of Students Enrolled in Course

FROM: Dr. John Warren, Director
       Dental Student Research Program

SUBJECT: Grades for Research Honors Course (112:190), Summer Semester 2013

GRADE FORM
112:190 Dental Research Honors Course

Please complete and return this form to Lynn Schaul, N406 DSB, before Tuesday, August 6, 2013 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 Tuesday, August 6, at 4:00pm will result in an Incomplete (I) grade.

I BELIEVE MY GRADE FOR THIS SEMSTER 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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Please return this form to: Office of Dental Student Research, N406 DSB, before Tuesday, August 6, at 4:00pm.