

UNIVERSITY AT BUFFALO  
SCHOOL OF DENTAL MEDICINE  
THESIS HONORS FORM

**1. THESIS DEFENSE**

We certify that on \_\_\_\_\_ date \_\_\_\_\_ name of student

successfully defended (his/her) Honor's Thesis entitled \_\_\_\_\_

\_\_\_\_\_  
Major Advisor name signature date

\_\_\_\_\_  
Committee Member name signature date

\_\_\_\_\_  
Committee Member name signature date

\_\_\_\_\_  
Committee Member name signature date

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**2. STUDENT ATTESTATION OF THESIS ORIGINALITY AND INTEGRITY:** With my signature below, I attest to the originality and integrity of the Honors Thesis that I have submitted to my advisor(s) and committee for final review and approval. All work therein is original or properly attributed and cited.

\_\_\_\_\_  
Student name signature date

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**3. FACULTY ACCEPTANCE OF FINAL THESIS DOCUMENT:** On (date) \_\_\_\_\_, I received the above-named student's FINAL THESIS. I certify that this document, including revisions since its defense, has been fully examined and approved by myself. I deem it acceptable for final submission to the School of Dental Medicine, in fulfillment of the requirements for the distinction of Graduation with Honors.

\_\_\_\_\_  
Major Advisor name signature date

\_\_\_\_\_  
Chair, Research and Honors name signature date

**RETURN SIGNED FORM TO SDM REGISTRAR, 315 SQUIRE**