Department of Oral Biology School of Dental Medicine University at Buffalo

OUTSIDE READER RESPONSE FORM

| Outside Reader (name, affiliation, address): | |
|---|---|
| Doctoral Candidate's Name: | |
| Dissertation Title: | |
| Instructions: | |
| When you have completed your review of the candid recommendation, below. You may make comments on the second page of this Please forward the completed and signed form to: Pl Biology, University at Buffalo, 135 Foster Hall, Buffalo, NY 14 | form. h.D. Program Administrator, Department of Oral |
| Recommendation (please check all that apply): | |
| Accept dissertation in present form | |
| Accept; consider minor revisions I have reco | ommended |
| Accept; but only after the revisions I have in | ndicated have been made |
| I would like to see the revised version | on before final approval |
| I do not need to see the revised versi | ion of the dissertation |
| Unacceptable for reasons indicated in comm | nents section below |
| Signature of Outside Reader: | Date: |

OUTSIDE READER RESPONE FORM (continued)

Comments about the thesis for the candidate and Thesis Committee. Attach additional pages if necessary.