

**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

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

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 Dr. Imon Candelaria, Senior Program Coordinator, Oral Biology (549 BRB) | imongosw@buffalo.edu