



Thesis Research Agreement Form

For Medical Sciences Students & Oral Health Sciences Students Only

Submit form prior to submitting Diploma Application

STUDENT INFORMATION

Last Name:

First Name:

BU ID#:

BU Alert Number:

Email:

Program/Department:

THESIS INFORMATION

This will confirm that that above-named student has obtained permission from his/her thesis readers to complete the M.S. in Medical Sciences and Oral Health Sciences research thesis requirements for a letter grade. The student also agrees to comply with posted guidelines.

When submitting the Thesis for graduation to the GMS Office, students must also submit a letter from the First Reader in which a letter grade is recommended.

Grades will not be posted until the thesis has been officially approved by the Mugar Library and will then appear on their BU transcript by the official graduation date.

1st Reader

Last Name:

First Name:

Degree & Title:

(example: PhD, Professor)

Email:

2nd Reader

Last Name:

First Name:

Degree & Title:

(example: PhD, Professor)

Email:

Students are responsible for submitting a Special Service Appointment form and reader's curriculum vitae required for a reader who is not a GMS faculty member.