

# OHS LETTER REQUEST FORM

Due: June 10<sup>th</sup>

This Letter Request Form must be submitted to Oral Health Sciences via email ([ohs@bu.edu](mailto:ohs@bu.edu))

Name: \_\_\_\_\_ BU ID#: \_\_\_\_\_

BU Email: \_\_\_\_\_ Alternative Email: \_\_\_\_\_

Current Telephone #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

AADSAS ID#: \_\_\_\_\_

---

## Letter Information

1. If applicable, please list and explain any incomplete course work or deficient grades, as well as your plans to make-up the work.

2. Will you take any additional courses during the upcoming academic year?

3. When do you expect to complete the OHS program (including your capstone / thesis) Date: \_\_\_\_\_

4. Thesis/Capstone INFORMATION: Please provide the following information. If a thesis topic has not yet been identified, please provide the general topic and/or field of interest.

Thesis

Capstone

Thesis / Capstone Title (tentative):

Name of First Reader: \_\_\_\_\_

Title of First Reader: \_\_\_\_\_

Readers are only  
needed if doing a thesis  
(if known)

