

**WVU School of Dentistry  
Fall Honors Program**

---

**NAME: (please print)**

**DATE:**

**Student Teaching:**

DENT 701-Prevention	<input type="checkbox"/>	Approved
DENT 710-Dental Anatomy and Occlusion	<input type="checkbox"/>	Approved
DENT 712-Dental Materials	<input type="checkbox"/>	Approved
DENT 722-Operative (Tooth-Colored Restorations)	<input type="checkbox"/>	Approved
DENT 729-Operative (Indirect Gold & Tooth-Colored Rest)	<input type="checkbox"/>	Approved
DENT 754-Implantology	<input type="checkbox"/>	Approved
DENT 756-Fixed Prosthodontics	<input type="checkbox"/>	Approved
DENT 763-Periodontics	<input type="checkbox"/>	Approved
DENT 773-Adv. Restorations	<input type="checkbox"/>	Approved

---

**WVU School of Dentistry  
Spring Honors Program**

**NAME: (please print)**

**DATE:**

**Student Teaching:**

DENT 704-Operative (Amalgam)	<input type="checkbox"/>	Approved
DENT 705-Biochemistry small groups	<input type="checkbox"/>	Approved
DENT 711-Periodontics	<input type="checkbox"/>	Approved
DENT 715-Community Health	<input type="checkbox"/>	Approved
DENT 721-Endodontics	<input type="checkbox"/>	Approved
DENT 726-Removable Prosthodontics	<input type="checkbox"/>	Approved
DENT 730-Public Health	<input type="checkbox"/>	Approved
DENT 757-Fixed Prosthodontics	<input type="checkbox"/>	Approved
DENT 766-Pediatric Dentistry	<input type="checkbox"/>	Approved

-----  
**Mentoring a Faculty Specialist:**

_____ Dr. Speer	Day of week _____
_____ Dr. Danan	Day of week _____
_____ Dr. Dye	Day of week _____
_____ Dr. Ngan	Day of week _____
_____ Dr. Weaver	Day of week _____

-----  
**Second Rotation:**

Site \_\_\_\_\_

\_\_\_\_\_  
Dr. Meckstroth/Dr. DeBiase

Date: \_\_\_\_\_

**Please attach a written proposal.**