

COLUMBIA UNIVERSITY
SCHOOL OF DENTAL AND ORAL SURGERY

OFFICE OF THE DEAN
STUDENT AND ALUMNI AFFAIRS

4th Year Selection

Area of Concentration

2003 – 2004

Name: _____

Present Area of Concentration

1. _____ I wish to continue in this track

2. _____ I wish to elect a new track

If you checked #2 above, please give a reason for wishing to elect a new track.

Signature _____

This form must be returned to me on or before Tuesday, April 8, 2003, or you stand the chance of not having the opportunity to continue in your present area of concentration or selecting a new track.

Dr. Marlene Klyvert, Director Area of Concentration

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