



**MICHIGAN STATE UNIVERSITY**

**Department of EPIDEMIOLOGY AND BIOSTATISTICS**

# **Epidemiology PhD Progress Form**

QUALIFYING EXAM, COMPS EVAL(WRITTEN), COMPS PROPOSAL TOPIC AND APPROVAL (ORAL), COMPS EVAL (ORAL), APPROVAL TO DEFEND, AND SIGN-OFF

**Name of Student**

**Student ID #**

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**Doctoral Program start date:**

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## **EPI QUALIFYING EXAM**

**Date Taken:**

Pass

Fail

**Retake Date (if necessary):**

Pass

Fail

**Signature of Advisor**

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# EPI COMPS EVALUATION (WRITTEN)

**Date Taken:**

Pass

Fail

**Date resubmitted (if required):**

Pass

Fail

**Signatures of Committee:**

Committee Chair
Member
Member
Member
External Examiner

# EPI PROPOSAL TOPIC AND COMPS APPROVAL (ORAL)

Date Scheduled:

Title:

Dissertation Title:						
Brief Description of Dissertation:						
<b>Will the student's research involve the use of:</b>	<i>Human subjects or human materials</i>	Yes No	<i>Animals</i>	Yes No	<i>Hazardous substances</i>	Yes No
<b>Student's IRB Approval Date for Dissertation:</b>						

Signatures of Committee:

Committee Chair
Committee Member
Committee Member
Committee Member
External Examiner

## EPI COMPS EVALUATION (ORAL)

**Date Conducted:**

Pass the entire Comps Exam

Pass a portion of the Comps Exam, necessitating partial remediation

Fail

**Signatures of Committee:**

Dissertation Committee Chair
Member
Member
Member
External Examiner - Auditor

## APPROVAL TO DEFEND

**Date Scheduled:****Time Scheduled:****Title of Dissertation:****Signatures of Committee:**

Committee Chair
Member
Member
Member
External Examiner

# DISSERTATION SIGN OFF

**Date Conducted:**

- Accepted as is
- Accepted with minor revisions
- Accepted with major revisions
- Fail

Minor revisions required Brief description of revisions:
Major revisions required Brief description of revisions:

**Signatures of Committee:**

Committee Chair
Member
Member
External Examiner

**Revisions (if any) approved**

**Signature of Committee Chair (Required):**

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