



MICHIGAN STATE UNIVERSITY

Department of EPIDEMIOLOGY AND BIOSTATISTICS

Biostatistics MS Progress Form

APPROVAL OF CAPSTONE/THESIS PROPOSAL, APPROVAL TO DEFEND AND THESIS SIGN-OFF

Name of Student

Student ID #

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Master's Program Start Date:

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Plan A - Thesis

Plan B - Capstone

APPROVAL OF CAPSTONE/THESIS PROPOSAL TOPIC

Thesis Title:

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Brief Description of Thesis:

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Will the student's research involve the use of:

Human subjects or human materials

Yes
No

Animals

Yes
No

Hazardous substances

Yes
No

Student's IRB Approval Date for Thesis:

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Signatures of Committee:

Committee Chair

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Member

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Member

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APPROVAL TO DEFEND CAPSTONE/THESIS

Date Scheduled:

Time Scheduled:

Title of Thesis:

Signatures of Committee:

Committee Chair
Member
Member
Member
External Examiner

CAPSTONE/THESIS SIGN OFF

Date of Thesis Defense:

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
Member
External Examiner

Revisions (if any) approved:

Signature of Committee Chair (Required):

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