



MICHIGAN STATE UNIVERSITY

Department of Epidemiology and Biostatistics
Committee Membership Form

Name of Student	Student ID #	(Check Thesis or Dissertation)	
		Thesis (MS)	Dissertation (PhD)
Signature	Date		

Committee Members	Signature/Date <small>(Acceptance of Committee Membership)</small>
1. _____, (Chair)	
2. _____	
3. _____	
4. _____	
5. _____	

Changes to Committee Membership:

Name	Date of Withdrawal	Signature/Date
Name	Date of Acceptance <small>(Acceptance of Committee Membership)</small>	Signature/Date