



MICHIGAN STATE UNIVERSITY

Department of EPIDEMIOLOGY AND BIOSTATISTICS

# Epidemiology MS Progress Form

APPROVAL OF 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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## APPROVAL OF THESIS PROPOSAL TOPIC

Thesis Title:

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Brief Description of Thesis:

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

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Signatures of Committee:

Committee Chair
Member
Member

## APPROVAL TO DEFEND

Date Scheduled:	
Time Scheduled:	
Title of Thesis:	

### Signatures of Committee:

Committee Chair
Member
Member
Member
External Examiner

# 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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