



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 #

Doctoral Program start date:	
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EPI QUALIFYING EXAM

Date Taken:

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- Pass
- Fail

Retake Date (if necessary):

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- 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:	
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Title:

Dissertation Title:

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Brief Description of Dissertation:

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Will the student's research involve the use of:	<i>Human subjects or human materials</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Animals</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Hazardous substances</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Student's IRB Approval Date for Dissertation:	
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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:

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

Member

External Examiner

Revisions (if any) approved

Signature of Committee Chair (Required):

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