



MICHIGAN STATE UNIVERSITY
DEPARTMENT OF EPIDEMIOLOGY AND BIostatISTICS
MS Biostatistics Program
Plan B Proposal Form

Name of Student	Student ID #	<input checked="" type="checkbox"/>	Plan B		
Signature	Date				

Advisor	Signature/Date (Acceptance of Proposal*)
1.	

(*Signing this form indicates that you agree that the student's topic and scope of work are acceptable.)

Plan B Topic:
An abstract of scope of work to be performed:

(Additional pages can be added)