



**MICHIGAN STATE UNIVERSITY**

**DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

**MS Biostatistics Program**

**Plan B Approval to Present Project Form**

**Name of Student**

**Student ID #**

(Print Name)

--	--

(Signature)

--	--

Plan B

**Project Title**

--

**Advisor** \_\_\_\_\_

**Signature/Date**

(Your signature indicates that you read the Project and it was deemed ready for final presentation.)

(Print Name)

1.

--	--

(Signature of Advisor/Evaluator)

(Print Name)

2.

--	--

(Signature of Second Evaluator)