



MICHIGAN STATE UNIVERSITY

Department of Epidemiology and Biostatistics
Approval to Defend Form

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

Thesis/Dissertation Title

Committee Members	Signature/Date
(Print Name)	(Your signature indicates that you read the Thesis/Dissertation and it was deemed ready for final defense.)
1. _____, (Chair)	(Signature)
2. _____	
3. _____	
4. _____	
5. _____	