



MICHIGAN STATE UNIVERSITY

Department of Epidemiology and Biostatistics
 Thesis/Dissertation Proposal Form

Name of Student	Student ID #	(Check Thesis or Dissertation)			
		<input type="checkbox"/>	Thesis (MS)	<input type="checkbox"/>	Dissertation (PhD)

Signature	Date

Committee Members	Signature/Date (Acceptance of Proposal*)
1. (Chair)	
2.	
3.	
4.	
5.	

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

Thesis/Dissertation Topic:

An abstract of scope of work to be performed:

(Additional pages can be added)