


MICHIGAN STATE UNIVERSITY

 Department of Epidemiology and Biostatistics
 Thesis/Dissertation Defense Form

Student's Name _____ Student ID #: _____

 1. Thesis/Dissertation Title: _____

 2. Oral presentation of the Thesis/Dissertation was conducted on: _____
 Date

 3. Thesis/Dissertation has been: _____ Accepted _____ Rejected _____ Accepted subject to revisions
 (beyond minor editorial changes)
 required by the Committee

4. Grade: _____ Pass _____ Fail

 5. Dissenting opinions and signatures of dissenting examiners, if any: _____

 6. Subject to the satisfactory completion of other requirements, this student is recommended for the degree of: Master of Science
 Doctor of Philosophy
Printed Names:
Signatures of Examiners:

1. _____	1. _____	_____
	Committee Chairperson's Signature	Dated
2. _____	2. _____	_____
		Dated
3. _____	3. _____	_____
		Dated
4. _____	4. _____	_____
		Dated
5. _____	5. _____	_____
		Dated
6. _____	6. _____	_____
	Auditor	Dated

 7. Major revisions required: _____

 8. Revisions, if any, approved: _____
 Chairperson of Thesis/Dissertation Committee Date