

Department of Epidemiology and Biostatistics
Doctor of Philosophy
Program of Study Approval Form (M1)

Instructions:

1. All information must be typed
2. Return form to Graduate Director for signature
3. Please allow one week for processing after submission
4. An original copy of the Program of Study must be attached

Student's Name: _____

Student's Signature: _____

Specialization: _____

Major Advisor: _____

The undersigned certify that the Program of Study (attached) for the Doctor of Philosophy degree has been reviewed by the student's Program of Study Committee (minimum of four members), and has been judged to be satisfactory.

Doctoral Program of Study Committee Signatures:

Chair (Advisor)	_____	_____	_____
	(Typed name)	(Signature)	(Date)
Dept. Member	_____	_____	_____
	(Typed name)	(Signature)	(Date)
Dept. Member	_____	_____	_____
	(Typed name)	(Signature)	(Date)
Dept. Member	_____	_____	_____
	(Typed name)	(Signature)	(Date)
Additional Member(s)	_____	_____	_____
	(Typed name)	(Signature)	(Date)

Advisor (Print Name and Sign) _____ Date

Graduate Director (Signature) _____ Date