

GRADUATE PROGRAM IN LIFE SCIENCES

Program in Epidemiology and Human Genetics

Proposal Defense Form

Student Name:

Date of Proposal Defense:

Title:

□MS Thesis Proposal □PhD Dissertation Proposal

Results of Oral Defense:

□Fail

Recommendations:

	Name	Signature	Date
Committee			
Chair			
Committee			
Member			
Committee			
Member			
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Member			
Graduate Program			
Representative			
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