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| Biomedical InformaticsGraduate Program |
| **Proposal Approval Form** |
| **Department of Medical Informatics and Clinical Epidemiology**Oregon Health & Science University | Date: Student’s Name \_ \_\_ |
| Proposal Title  |
| Please check appropriate box - ThesisX- Dissertation |
| Committee Member(s)I approve the submitted thesis/dissertation proposal and recommend that this student be allowed to proceed to the next stage of research. |
|  | Print Name | Signature | Date |
| Chair |    |  |  |
| Advisor |   |  |  |
| Member |   |  |  |
| Member |   |  |  |
| Member |  |  |  |
| Student |   |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program Director Approval | \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |