

Biomedical Informatics
 Department of Medical Informatics and Clinical Epidemiology
 Oregon Health & Science University
 Pre-defense Approval Form

Date:

Student's Name _____

Thesis/Dissertation Title _____

Please check appropriate box

- Thesis Proposal
- Thesis
- Dissertation Proposal
- Dissertation

By my signature below, I affirm the following:

I have received and reviewed the student's draft write-up.

The student's presentation was adequate.

I recommend that this student be allowed to proceed to the oral presentation of this work.*

	Print Name	Signature	Date
Chair			
Mentor			
Member			
Member			
Student			

 Program Director Approval

 Date