

**University of Pennsylvania Perelman School of Medicine
Graduate Group in Epidemiology and Biostatistics**

Candidate: _____

Date, Time, Location: _____

PhD Dissertation Proposal Title: _____

- a) ☐ Pass
- b) ☐ Conditional Pass
- c) ☐ Fail
- d) ☐ Fail with no option to retake

If (b) is checked, faculty member(s) overseeing changes should sign and date below when changes are satisfactorily made.

DATE: _____ SIGNATURE: _____

DATE: _____

Chair of Committee: _____

Dissertation Advisor: _____

Graduate Program Chair: _____ Date: _____

Lab notebooks reviewed

Material Reviewed: _____
