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| Biomedical Informatics Graduate Program | | | | |
| **Symposium Approval Form** | | | | |
| **Department of Medical Informatics and Clinical Epidemiology**  Oregon Health & Science University | Student’s Name \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Symposium Presentation Title | | | |
| **Attach a copy of your abstract to this form.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature Date | | | |
| By my signature below, I affirm the following:  The student’s presentation was adequate. | | | |
|  | Print Name | Signature | Date |
| Member |  |  |  |
| Member |  |  |  |
| Member |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Director Approval | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |