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| Biomedical Informatics Graduate 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   - Thesis  X- 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 |