



MS in Epidemiology: Research Thesis Title and Timeline Approval

This form is to be used by MS in Epidemiology students as they prepare for completing the MS in Epidemiology research requirements. **This form must be completed and submitted prior to June 1 of the student's first year.**

1. **Name:** _____ **Student ID#:** _____
Full Name

2. **Rutgers Email Address:** _____

3. **MS in Epidemiology Concentration:** **Epidemiology** **Pharmacoepidemiology**

4. **Semester and Year Started MS Program:** _____

MS in Epidemiology Research *(completed by student)*

5. **Working Research Thesis Title:**

6. **Proposed Data Source(s):**

7. **Anticipated Semester the Research Thesis will be Completed:** _____

Student Signature _____

Date _____

MS in Epidemiology Research Committee

The student must discuss who their research thesis readers will be with their Research Advisor prior to completing this form.

Research Advisor Name

Signature

Date

First Thesis Reader Name
(may also be the Research Advisor)

Signature

Date

Second Thesis Reader Name

Signature

Date

Copies to:
Office of the Registrar
Academic Advisor
Research Advisor
BIST-EPID Administration
Student