

# Department of Epidemiology and Biostatistics

## PhD Proposal Form

First Name:

Last Name:

Email:

Student Number:

Supervisor:

Supervisor's Email:

Format of thesis:    Monograph    Integrated Article

Proposal Title:

Proposed 2 week range of dates and times for examination during which **both** student and supervisor are available:

**Program Examiners:** 2 required and 2 alternates. Eligible faculty list at <http://www.schulich.uwo.ca/epibio/people/faculty>

Examiner 1 – Name:

Email:

Examiner 2 – Name:

Email:

Alternate 1 – Name:

Email:

Alternate 2 – Name:

Email:

**University Examiner:** From another Western department. ☐ Yes ☐ No

Name:

Email:

Department:

**As part of discussing these proposed examiners and dates, this student has afforded me and all members of the Supervisory Committee the opportunity to review a **FINAL OR NEAR-FINAL** draft of the thesis proposal:**

Thesis Supervisor's Signature:

Date: