



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

Population Health MS/PhD Graduate Program



Master's Thesis Approval Form

Student Information

Name: _____ Date: _____

Campus ID #: _____ Email: _____

Proposal Title: _____

Anticipated Semester/Year of Defense: _____

Thesis Committee Members

Major Thesis Advisor: _____

Department: _____

Telephone: _____

Email: _____

Committee Member: _____

Department: _____

Telephone: _____

Email: _____

Is this member a co-advisor (check one)? Yes No

Committee Member: _____

Department: _____

Telephone: _____

Email: _____

If you have additional Committee Members, please list them on the back of this sheet.

(Student)

(Date)

(Major Thesis Advisor)

(Date)

This original form must be filed in the MS/PhD Graduate Program Office (744 WARF).