

# Department of Epidemiology and Biostatistics

## PhD Student Intent to Submit Proposal Form

**Please fill in information electronically, but note that supervisor's signature must be penned, not digital or stamped.**

Choose **current** term:    Winter (Jan-Apr)    Summer (May-Aug)    Fall (Sep-Dec)    Today's Date:

First Name:

Last Name:

Email:

Student Number:

Supervisor:

Supervisor's Email:

On-Campus Address:

Phone Number:

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:

On-Campus Address:

Phone Number:

Examiner 2 – Name:

Email:

On-Campus Address:

Phone Number:

Alternate 1 – Name:

Email:

On-Campus Address:

Phone Number:

Alternate 2 – Name:

Email:

On-Campus Address:

Phone Number:

**University Examiner:** From another Western department. Supervisor must have already contacted him/her regarding the proposed exam dates. Adhere to SPGS regulations: [http://www.grad.uwo.ca/current\\_students/regulations/8.html](http://www.grad.uwo.ca/current_students/regulations/8.html).

Name:

Email:

Department:

Phone Number:

**As part of discussing these proposed examiners and dates, this student as 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: