MSPH Review Meeting

Name of Student: _______________________________  Student PID#: __________________

Date of Meeting: ________________

MSPH Advisor: _______________________________ Present? Yes ____ No ____
PhD Advisor: _______________________________ Present? Yes ____ No ____
GSC Member (may not be MSPH or PhD Advisor): _______________________________ Present? Yes ____ No ____
Alternate Member (if MSPH Advisor is same as PhD Advisor): _______________________________ Present? Yes ____ No ____
Additional Member with primary appointment in EPID (if PhD Advisor is adjunct/clinical): _______________________________ Present? Yes ____ No ____

EPID 710 final grade: letter: _____ numerical: _____
EPID 715 final grade: letter: _____ numerical: _____
EPID 716 final grade: letter: _____ numerical: _____
EPID 718 final grade: letter: _____
Master's comp exam score: ______
IRB approval of Master’s Paper research (in student’s name): _______
Master's Paper expected to be completed by what date? ________________
Names of faculty with whom student has worked:

The following materials are attached to this form:

_____ Statement of dissertation plans as they appear at time of review
_____ Copy of student’s transcript (Transcript can be printed from Student Central)
_____ Student’s CV

The committee members named above met with the student on the date indicated and reviewed the materials. It is felt that the criteria for completion of the MSPH, as listed below, have _____ or have not _____ been met:

• _____ all masters-level course requirements _____ have been met satisfactorily or _____ are in progress toward satisfactory completion
• _____ the Master’s Practicum _____ has been completed and documentation submitted or _____ is in progress toward satisfactory completion and submission
• _____ both the advisor and the second reader have reviewed at least one draft of the Master's Paper and found it to be satisfactory
• _____ oral presentation of the Master’s Paper research _____ has occurred or _____ has been scheduled

Additional comments/recommendations (continue on reverse if necessary):

____________________________________  __________________________________
Signature of MSPH Advisor  Signature of PhD Advisor (if different)