

REPORT OF MASTER'S ORAL PRESENTATION  
DEPARTMENT OF EPIDEMIOLOGY

This form must be signed by either the advisor or second reader after the presentation has been made. The form should then be submitted to the Student Services Office.

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STUDENT'S NAME: \_\_\_\_\_

DATE OF PRESENTATION: \_\_\_\_\_

TITLE OF PAPER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF MASTER'S ADVISOR: \_\_\_\_\_

NAME OF SECOND READER: \_\_\_\_\_

FORUM AT WHICH PRESENTATION WAS MADE:

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\_\_\_\_\_

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The student's oral presentation of the Master's Paper took place as indicated above:

SIGNATURE OF ADVISOR OR SECOND READER

\_\_\_\_\_

*Submit to Carmen Woody, Student Services Office, MC 2106.*