

DEPARTMENT OF ENVIRONMENTAL HEALTH BIostatISTICS STUDENT INTEVIEW FORM

Each student should complete this form by the end of the second semester of study.

I have met with all of the following faculty and discussed the research focus of his/her group so that I can better understand the breadth of research in the Division and be better informed as I begin to select a topic for my own research required to complete my degree in the Division of Biostatistics.

Dr. Mario Medvedovic initials: _____ Date of meeting: ____/____/____

Dr. MB Rao initials: _____ Date of meeting: ____/____/____

Dr. Jun Ying initials: _____ Date of meeting: ____/____/____

Dr. Changchun Xie initials: _____ Date of meeting: ____/____/____

Dr. Jaroslaw Meller initials: _____ Date of meeting: ____/____/____

Dr. Roman Jandarov initials: _____ Date of meeting: ____/____/____

Dr. Liang Niu initials: _____ Date of meeting: ____/____/____

Dr. Li Zhang initials: _____ Date of meeting: ____/____/____

I have completed a minimum of 2 rotations with the following faculty:

Faculty 1 name: _____ initials: _____

Faculty 2 name: _____ initials: _____

Please return the completed form to the Graduate Studies Office.

Student Name (printed) _____

Signature _____

Date Completed ____/____/____