



SCHOOL OF PUBLIC HEALTH

Dissertation Report

This form must be submitted by or before 5:00pm the last day of the term in which it is due.

I. Term and Year: _____ Credits: _____ Course: _____

II. Student Information

Name: _____

Student ID: _____

Program: _____

Supervising Faculty: _____

III. Progress Summary

Please summarize the work that you have completed on your dissertation this term.

IV. **Goals for Next Term:** Provide a short description of your goals and plans for the upcoming term, e.g. any tentatively planned data collection, analyses, manuscript writing, committee meetings, and/or defense dates.

Student Signature

Date

To be completed by the Faculty Supervisor: Recommended Grade: ___ Pass ___ No Pass

Supervising Faculty Signature

Date

Submit this form to the Program Office | sphregistration@ohsu.edu *and* marshaly@ohsu.edu

Please allow sufficient time for your faculty supervisor to sign on or before the last day of the term.