



Graduate School
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Exam Request

This form is due AT LEAST two weeks prior to the date of the examination. Use this form to schedule graduate examinations/ defenses for masters and doctoral programs. See the instruction sheet for information on filling out this form.

Student Name: Edward Bosko

Student Number: 105325263

Degree/Program: MS, Biostatistics

Type of Examination:
(Check One)

☒ Master's Thesis Defense (Plan I)

☐ Master's Non-Thesis (Plan II)

Choose one of the following:

☐ Project ☐ Report ☐ Comp Exam

☐ Doctoral-Comprehensive Examination

☐ Doctoral-Thesis Defense

How many doctoral dissertation credits appear on the transcript, up to and including the defense semester?
(Only Doctoral-Thesis Defense)

Date of Exam: July 22, 2025

Time of Exam: 10:00-11:00am

Room Number: Ed 2 North 1202

Thesis Title:
(Only Master's Thesis
and PhD Final Defense)

Thesis Advisor:
(Master's Thesis and all PhDs)

Examination Committee (type names, no signatures):

Faculty Name

Program Affiliation

Chair: Matthew J. Strand, PhD

MS, Biostatistics

Nichole E. Carlson, PhD

MS, Biostatistics

Edward Chan, MD

MS, Biostatistics

If you are a PhD student completing your thesis defense, you must obtain your chairperson's signature, approving the date of your defense.

Thesis Chairperson:

Date

ALL students must obtain the signature of their graduate program director and administrator, approving the above information.

Grad. Prog. Admin:

Date

Grad. Prog. Director:

Date: