CU 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)

- (X) 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: 7/2/2025

Time of Exam: 10am-12pm

Room Number: Education 2 North - Room 1202

Thesis Title:
(Only Master's Thesis and PhD Final Defense)
Logistic and Ordinal Logistic Modeling of Computed Tomography Features Associated with Non-Tuberculous Mycobacteria Lung Disease

Thesis Advisor:
(Master's Thesis and all PhDs)
Matthew J. Strand, PhD

Examination Committee (type names, no signatures):

Faculty Name	Program Affiliation
Chair: Matthew J. Strand, PhD	MS, Biostatistics
Nichole 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: _____