



School of Public Health Proposal Approval

Dissertation, MPH/MHA Project or MPH/MHA Thesis Proposal

Instructions: Following approval by the appropriate advisor(s) and/or committee, this signed form should be forwarded to the Department Director of Graduate Studies, ***with a copy of the Proposal.***

Student Name: _____ **Date:** _____

Select One: MPH/MHA Project MPH/MHA Thesis Dissertation

Title: _____

Identify the program competencies that are achieved or enhanced through this project, thesis or dissertation:

COMMITTEE APPROVALS:

Name	Signature	Date
<i>(Advisor/Mentor)</i>		

Director of Graduate Studies	Date

- Copy to:
- (1) Student's File (with documentation)
 - (2) Student
 - (3) Advisor