



School of Public Health Proposal Approval

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

Instructions: The top half of this form is to be completed by the student. Following approval by the appropriate advisor(s) and/or committee, this signed form should be forwarded to the Department Director of Graduate Studies or your Department Chair, with a copy of the Proposal.

Student Name: _____ **Date:** _____

Department: _____ **Program of Study:** _____

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:

FOR MASTER'S STUDENTS: How does this scope of work differ from that of your Internship work?

COMMITTEE APPROVALS:

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

_____	_____
Director of Graduate Studies or Department Chair	Date

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