



# 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>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____
<b>Director of Graduate Studies or Department Chair</b>	<b>Date</b>

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