Public Health Practice: Master’s Project

EPPHP/Dual Degree MPH Culminating Experience Proposal Form

Student Name ________________________________________ Date ____________

Project Title ____________________________________________________________

Project Advisor ________________________________ Approved □ Date ____________

Academic Advisor ________________________________ Approved □ Date ____________

Program Director __________________________________ Approved □ Date ____________

1. Check the Program you are in:
   □ Executive Program in PubH Practice, EPPHP
   □ Pharm D, PharmD/MPH
   □ Dentistry, DDS/MPH
   □ Public Policy, MPP/MPH
   □ Law, JD/MPH
   □ Urban and Regional Planning, MURP/MPH
   □ Dr of Nursing Practice, DNP/MPH

2. Information needed based on type of Culminating Experience you have selected:
   For Research Paper: State the key research question(s) and hypotheses
   For Grant Proposal: List the specific request for proposal and what entity grant will be submitted to
   For Consultative Report: Description of the agency you are consulting with and the question or need being addressed
   For Literature Review: What is the public health question or issue reviewed?
   If your proposal does not fall under one of categories above, please describe.

3. What is the public health relevance of the project you are proposing?

4. Briefly list your objectives for the project.

5. Briefly describe the project’s methodology.

6. Anticipated date of completion:
   July 2015