EPPHP/Dual Degree MPH Culminating Experience Proposal Form

Student Name ________________________________ Date ___________________

Project Title _______________________________________________________________________

Project Adviser __________________________________________ Approved ☐ Date __________

Academic Adviser __________________________________________ Approved ☐ Date __________

Program Director ________________________________________ Approved ☐ Date __________

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