

Departmental Approval of Completion of the MPH Program

_____ has successfully completed all requirements for the Master of Public Health Program including the following:

- _____ Coursework
- _____ Fieldwork report
- _____ Graduate project report
- _____ Copy of each report submitted to MPH office (213RB)
- _____ Application for Graduation submitted
- _____ Exit Survey

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Student Signature

Name of Student (printed)

Date

Committee Signatures Required:

Committee Chair

Date

Committee Member

Date

Committee Member

Date

Program Director

Date

This form needs to be turned into the Graduate Secretary (214RB) before student is cleared for graduation.