

Mark the appropriate box:

Fieldwork only

*Project only

*Fieldwork & Project Combined

MPH PRACTICUM PROPOSAL MEETING SCHEDULING FORM

College of Health and Human Performance/Department of Health Science

Master of Public Health (MPH) Program

Meeting Details

Name _____

Date _____ Time _____ Room _____

Title of Proposal _____

Media Requests _____

Committee Approval for Proposal

Signatures denote:

- (1) Committee members have received a copy of the proposal online at least one week in advance of the meeting;*
- (2) Committee members have reviewed the proposal and agree that it is ready to present for discussion.*

Chair

Date

Member

Date

Member

Date

Member

Date

MPH Director

Date

**Submit this completed form with a copy of the MPH Practicum Proposal to the Graduate Secretary (214 RB) at least one week prior to the meeting date. The date and time will be broadcast to faculty in the College via email.*