Department of Health Promotion, Education, and Behavior
Master’s Degree Requirement Notification Form

Degree (check one):  MSPH  MPH  MSW-MPH

Type of Defense/ Presentation
Practicum Presentation  Practicum Report Submitted
Thesis Proposal  Thesis Defense

To be completed by the advisor/committee chair for each student who successfully completes the above Master’s degree requirement.

Name of Student:  ________________________________________________

VIP ID:  ________________________________________________

Date of presentation:  ____________________________________________

Date report submitted:  __________________________________________

Title:  _________________________________________________________

Rating: To be completed jointly by advisor and preceptor (MPH); by advisor only (MSPH)

Writing skills:  Outstanding  Above average  Average  Below average
Presentation skills:  Outstanding  Above average  Average  Below average

Comments:  ____________________________
            ____________________________

Advisor/Chair Name:  _________________________________________

Signature & Date:  _____________________________________________

Please return completed form to Casey Goldston-Giraudy.

_______________________________________________________________

Graduate Director  Date