

Department of Health Promotion, Education, and Behavior

Master's Degree Requirement Notification Form

Degree (check one): MSPH ___ MPH___ MSW-MPH ___ MPH-G ___

Type of Defense/ Presentation

Practicum Presentation ___ Practicum Notebook Submitted___ Thesis Proposal___

Thesis Defense ___ Project Presentation___

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

Name of Student: _____

ID last 4 digits: _XXX-XX-_____

Date of presentation:_____

Date Notebook submitted:_____

Title:

Comments:

Advisor Name:_____

Signature & Date: _____

Committee Chair

Please return completed form to Casey Goldston

HPEB Graduate Director

Date