

## DrPH Capstone Committee Approval Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Capstone Project Working Title: \_\_\_\_\_

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### Capstone Committee Composition

Name	Signature indicating agreement to serve
1. (Chair)	
2. (Member)	
3. (Member)	
4. (Member or Consultant - optional)	
5. (Member or Consultant - optional)	
6. (Consultant - optional)	
7. (Consultant - optional)	
8. (Consultant - optional)	

(In very rare circumstances, the student may need to list additional Consultants on a separate sheet and attach their names and signatures to this Form.)

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### Approvals:

\_\_\_\_\_  
 DrPH Program Director (or co-Director)  
 Signature and Date

\_\_\_\_\_  
 DrPH Program co-Director, if applicable  
 Signature and Date