DrPH Capstone Committee Approval Form

Student Name: ___________________________ Student ID: ______________

Capstone Project Working Title: ___________________________________________

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.)

Approvals:

DrPH Program Director (or co-Director) ___________________________ Signature and Date

DrPH Program co-Director, if applicable ___________________________ Signature and Date