



Appendix L
MPH Integration Registration Form
PBHL: 5993

USE THIS FORM ONLY. (Submit with Plan to the Registrar by deadline indicated in the Academic Calendar)

Print Student's Name: Student ID Number:

Student's Signature and Date (REQUIRED):

MPH Specialty: Integration Project Semester: Year:

Integration Project Title:

Project Physical Address: County:

INTEGRATION PROJECT ADVISORY COMMITTEE (IPAC) FACULTY MEMBERS:

Signature Integration Project Advisory Committee Chair/Date (REQUIRED):

Signature Integration Project Advisory Committee Member/Date (REQUIRED):

Signature Integration Project Advisory Committee Member/Date (REQUIRED):

Total Number of Successfully Completed Hours in the Fay W. Boozman COPH: and GPA:

Have you COMPLETED all six Core Courses?

How many courses in your specialty track have you COMPLETED?

Proposed enrollment hours for this registration term (excluding the Integration project):

INTEGRATION PROJECT PLAN INCLUDING THE FOLLOWING MUST BE ATTACHED TO THIS FORM:

- Title of the Integration Project
Description of integration of at least three public health core areas in an interdisciplinary manner
Learning objectives for the Integration Project
Activities to be undertaken as part of the Integration Project (must be linked to objectives)
Timeline of all Integration Project activities
Frequency of Meetings with IPAC Chair and/or full committee
Full description of the final product to be provided to IPAC and presented at seminar
Statement of Understanding and Applicability of COPH Honor Code
Statement of the status of IRB as required for the Integration Project
Statement of agreement to participate in all required meetings of the Integration Seminar
Attach unofficial COPH Transcript for IPAC to see prior to registration
Attach HIPAA/IRB privacy/human subjects behavioral research training certificate(www.citiprogram.org)
If needed, description of why registration for Integration is requested if core courses incomplete or <27 hrs.
If needed, description of why early accumulation of hours is requested (if beginning project prior to official enrollment)

Signatures for Section Below Applicable to Specialty Track Students Only:

Attention: Academic Faculty Advisor and Departmental Specialty Track Chair. Sign/Date to indicate approval of the attached Integration Plan designed by the Student and the faculty members of the Integration Project Advisory Committee (IPAC).

Academic Faculty Advisor/Date (REQUIRED)

Specialty Department Chair/Date (REQUIRED)

Signatures for Section Below Applicable to Generalist Students Only:

Attention: Generalist Academic Faculty Advisors. Sign/date to indicate approval of the attached Integration Plan designed by the student and the faculty members of the Integration Project Advisory Committee (IPAC).

Signature Generalist Faculty Advisory Committee Chair/Date (REQUIRED)

Signature Generalist Faculty Advisory Committee Member/Date (REQUIRED)

Signature Generalist Faculty Advisory Committee Member/Date (REQUIRED)

*Note to Registrar: Send copy of completed form to the Associate Dean for Academic Affairs.