



USF COLLEGE OF
PUBLIC HEALTH

COLLEGE OF PUBLIC HEALTH
DEPARTMENT OF COMMUNITY AND FAMILY HEALTH

**REQUEST FOR PRESENTATION OF
THESIS PROPOSAL**

TO: Chairperson
Department of Community and Family Health

FROM: _____
Major Professor

DATE: _____

The thesis proposal of _____, entitled

has been approved by the student's committee for presentation before faculty and students.

Major Professor

Committee Member

Committee Member

* This form must be completed, filed, and approved by the Chairperson of the Department of Community and Family Health at least two weeks before the presentation of the thesis proposal.



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**MSPH THESIS
PROPOSAL APPROVAL**

TO: Chairperson
Department of Community and Family Health

FROM: _____
Major Professor

DATE: _____

The thesis proposal of _____
entitled _____

has been presented to the following committee members on _____.

The committee members signing below have approved the intent of the research to be conducted and the research strategy to investigate the research hypotheses/questions.

Major Professor

Committee Member

Committee Member

The procedures approved by the committee have been approved by the USF Institutional Review Board Human Subjects Research Committee on _____.
(date)

This form must be completed and filed with the Department of Community and Family Health after the presentation of the thesis proposal.