



USF COLLEGE OF
PUBLIC HEALTH

COLLEGE OF PUBLIC HEALTH
DEPARTMENT OF COMMUNITY AND FAMILY HEALTH

**APPROVED CHANGES IN STUDENT'S
PROGRAM FOR Ph.D.**

Name: _____

Date: _____

Program Changes

	Course Number	Credits	Course Title	Reason for Change
Course(s) Added				
Course(s) Dropped				

Change in research competencies required:

FROM: _____

TO: _____

Total number of hours BEFORE change _____

Total number of hours AFTER change _____

Signed: _____
Student

Major Professor



USF COLLEGE OF
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**COLLEGE OF PUBLIC HEALTH
DEPARTMENT OF COMMUNITY AND FAMILY HEALTH**

**REQUEST FOR PRESENTATION OF
RESEARCH PROPOSAL**

TO: Chairperson
Department of Community and Family Health

FROM: _____
Major Professor

DATE: _____

The research proposal of _____, entitled

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

Major Professor

Committee Member

Committee Member

Committee Member

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 research proposal.



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**Ph.D. RESEARCH
PROPOSAL APPROVAL**

TO: Chairperson
Department of Community and Family Health

FROM: _____
Major Professor

DATE: _____

The research 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

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)