



USF COLLEGE OF  
PUBLIC HEALTH

---

COLLEGE OF PUBLIC HEALTH  
DEPARTMENT OF COMMUNITY AND FAMILY HEALTH

---

**REQUEST FOR PRESENTATION  
OF THE THESIS**

TO: Chairperson  
Department of Community and Family Health

FROM: \_\_\_\_\_  
Major Professor

DATE: \_\_\_\_\_

The thesis 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.



USF COLLEGE OF  
PUBLIC HEALTH

---

COLLEGE OF PUBLIC HEALTH  
DEPARTMENT OF COMMUNITY AND FAMILY HEALTH

---

**MSPH THESIS  
APPROVAL**

TO: Chairperson  
Department of Community and Family Health

FROM: \_\_\_\_\_  
Major Professor

DATE: \_\_\_\_\_

The thesis of \_\_\_\_\_

entitled \_\_\_\_\_

---

has been presented to the following committee members on \_\_\_\_\_.

The committee members signing below have approved the thesis.

\_\_\_\_\_  
Major Professor

\_\_\_\_\_  
Committee Member

\_\_\_\_\_  
Committee Member

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