



USF COLLEGE OF  
PUBLIC HEALTH

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COLLEGE OF PUBLIC HEALTH  
DEPARTMENT OF COMMUNITY AND FAMILY HEALTH

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**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



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**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)