

APPENDIX B

Approval for DrPH Capstone Committee

DrPH Candidate Name _____

Applied Doctoral Capstone topic:

Capstone Chair: _____

Proposed committee members*

1. Name and degree:

Address: _____

Affiliation: _____

Phone: _____ Email: _____

2. Name and degree:

Address: _____

Affiliation: _____

Phone: _____ Email: _____

*Provide CV for capstone committee members who are not University of Kentucky faculty .

3. Name and degree:

Address: _____

Affiliation: _____

Phone: _____ Email: _____

Capstone Committee Composition Approved

Signature - Capstone Chair

Date

Signature - DrPH Director of Doctoral Studies

Date