

Appendix I B

Proposed Capstone Project Description/Approval Form

Student Name _____

Signature _____ Date _____

Title of Proposed Capstone Project

Primary Objective

Secondary Objective (if applicable)

Proposed Methodology

Source of Data (if applicable)

Anticipated Value to Public Health Practice

Committee Chair _____

Signature of Chair _____

Committee Member _____

Signature of Member _____

Committee Member _____

Signature of Member _____

Committee Member _____

Signature of Member _____