

Community Health Practice Experience Program 2008-2009

Master of Science in Public Health (Epidemiology Concentration and Behavioral Science Concentration)

RESEARCH PROJECT DESCRIPTION

1. Student name _____
2. Student's prior professional degree _____
3. Student's employer _____
4. Faculty Advisor's name _____
5. Mentor's name (if different than Faculty Advisor) _____
6. Mentor's title _____
7. Mentor's employer _____
8. Anticipated start date for Project (approximate) _____
9. Anticipated finish date for Project (approximate) _____
10. Anticipated graduation date _____
11. Brief description of Research Project:
(please attach separate page if needed)

Student Signature _____

Date _____

SPH Faculty Advisor Signature _____

Date _____

*Please submit completed form to MPH Practice Experience Coordinator –
Catherine Nolan at nolanca@slu.edu or Salus Room 472.*