

**Department of Health Promotion, Education, and Behavior  
Master's Degree Requirement Notification Form**

**Degree (check one):**    MPH\_\_\_    MSW-MPH \_\_\_

**Type of Defense/ Presentation**

Practicum Presentation \_\_\_\_\_

Practicum Report Submitted \_\_\_\_\_

Thesis Proposal \_\_\_\_\_

Thesis Defense \_\_\_\_\_

To be completed by the advisor/committee chair for each student who successfully completes the above Master's degree requirement.

Name of Student: \_\_\_\_\_

VIP ID: \_\_\_\_\_

Date of presentation: \_\_\_\_\_

Date report submitted: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

Rating: To be completed by advisor

Writing skills:    Outstanding \_\_\_\_\_ Above average \_\_\_\_\_ Average \_\_\_\_\_ Below average \_\_\_\_\_  
Presentation skills: Outstanding \_\_\_\_\_ Above average \_\_\_\_\_ Average \_\_\_\_\_ Below average \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Advisor/Chair Name: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Please return completed form to Casey Goldston Giraudy or Graduate Director.

\_\_\_\_\_  
Graduate Director

\_\_\_\_\_  
Date