



General MPH Program
Department of Health Services, Box 357660
(Due by end of Fall Quarter)

MPH Thesis/Capstone Plan

Student: _____
Name _____ Signature _____

Working Thesis Title: _____

Committee Chair: _____
Name _____ Signature _____

Committee Member(s):

Name _____ Signature _____

Name _____ Signature _____

Thesis/Capstone Timeline

Item	Date Completed (or anticipated)
Proposal to committee:	
Human Subjects approval:	
Data collection completed:	
Data analysis completed:	
First draft of entire thesis/capstone to committee:	
Apply to graduate :	
Final draft to committee:	
Online submission of thesis to Graduate School (not required for capstone):	

Note: Only MD/MPH students and students in the HSP concentration have the option to complete a capstone instead of a thesis.