



Maternal & Child Health Program
 University of Washington
 School of Public Health
 Box 357230

MPH Thesis Plan

(to be filed with Carmen Velásquez spring quarter of first year)

Student: _____
 Name Signature

DATE FILED: _____

DEPARTMENT: _____

WORKING TITLE OF THESIS: _____

Committee
 Chair: _____
 Name Signature

Committee
 Member(s): _____
 Name Signature

 Name Signature

Thesis Timeline

	Date Completed (or anticipated)
Proposal to committee:	
Human Subjects Committee approval:	
Data collection completed:	
Data analysis completed:	
First draft of entire thesis to committee:	
Application submitted to Graduate School:	
Final Draft of thesis to committee:	

