

DRPH COMMITTEE MEMBERSHIP

Student Name: _____ **Date:** _____

Faculty Advisor: _____ **Committee Chair:** _____

Please provide the name of each committee member followed by a brief description supporting their expertise and role on your committee.

Committee Member Name: _____

Rationale:

Committee Member Name: _____

Rationale:

Committee Member Name: _____

Rationale:

Committee Member Name: _____

Rationale:

Committee Member Name: _____

Rationale:

Committee Member Name: _____

Rationale:

Committee Chair Name:_____ Date:_____

Committee Chair Signature:_____

DrPH Director Name:_____ Date:_____

DrPH Director Signature:_____