

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: _____