

Health Education Topic Approval Form

Proposed Title of Master's Thesis or Master's Project:

Purpose:

Brief Description (50-100 words):

What contribution will this thesis or project make to the profession, to the institution, and to you as an individual? (50-100 words):

Health Education Topic Approval Form

Student Name: _____

Course Number: _____

Semester of Enrollment: _____

Submitted: _____

Advisor/Committee Chair Approval: _____ Date: _____

2nd Committee Member (MHE Faculty) Approval: _____ Date: _____

Student Signature: _____ Date: _____