

**Master's Project Approval Form**  
University of Minnesota, School of Public Health  
Division of Epidemiology and Community Health

The student's Master's project must be pre-approved before extensive effort has been spent on implementing the chosen topic and registering for Master's Project credits. Submit this form to your Major Coordinator upon completion. Each major has developed guidelines for completing the master's project. Please check your student guidebook or <http://www.epi.umn.edu/students/guidebook.shtm> for the guidelines for your major. If you need assistance with SAS or STATA please contact Judy Baxter at [baxterjs@gmail.com](mailto:baxterjs@gmail.com).

**Student's Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Student ID# \_\_\_\_\_ Major: \_\_\_\_\_

**1<sup>st</sup> Committee Member** (Project Advisor): \_\_\_\_\_  
(please print)

**2<sup>nd</sup> Committee Member:** \_\_\_\_\_  
(Academic Advisor if not Project Advisor) (please print)

**3<sup>rd</sup> (Outside) Committee Member:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(please print)

**Proposed Project Title** \_\_\_\_\_

**Type of Project:**

Critical Literature Review	Program Development Project
Research Project	Needs Assessment/Program Evaluation Project
Technical Field Report	Grant Proposal

**Anticipated date of completion:** \_\_\_\_\_

**Project Plan has been Pre-approved:**

Project Advisor's Signature \_\_\_\_\_ **Date:** \_\_\_\_\_

Academic Advisor's Signature \_\_\_\_\_ **Date:** \_\_\_\_\_  
(or 2<sup>nd</sup> Major Committee member if Project and Academic Advisor is one and the same person)

Complete the portion below when you are prepared to register for credits and need a permission number.

Semester/Year registered: \_\_\_\_\_ **Number of credits:** \_\_\_\_\_

Grade option: \_\_\_\_\_ **Course#:** PubH \_\_\_\_\_

I. Outline (detailed description of master's project)

II. Timeline (not required but strongly encouraged). State the anticipated completion of various stages of the project.