

**PROPOSAL FOR HPRB 4000  
SPECIAL PROBLEMS IN HEALTH PROMOTION AND BEHAVIOR**

NAME OF STUDENT \_\_\_\_\_ SS# \_\_\_\_\_

CREDIT HOURS \_\_\_\_\_ NAME OF FACULTY \_\_\_\_\_

SEMESTER \_\_\_\_\_

TITLE OF PROPOSAL \_\_\_\_\_

**OBJECTIVES:**

**PROCEDURES TO BE FOLLOWED:**

**EVALUATION CRITERIA:**

DATE SUBMITTED: \_\_\_\_\_

FACULTY MEMBER APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATE COORDINATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_