

**PROPOSAL FOR HPRB 6000
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: _____