

**PROPOSAL FOR HPRB 8000
DIRECTED STUDY 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: _____