

## M.A. in Global Health Applied Project Declaration

(due the Tuesday after MLK day in January)

Please Print				
Name: (Last, First, MI)  ASU Email Address:		Affil	Affiliate ID: (1xxxxxxxxx)	
		Date:		
		<b>_</b>		
Permanent Faculty Advisor	(must be approved GH Faculty):			
Date Applied Project is to be Completed:	Status:  □ Full-time (9+ hrs/sem)  □ Part Time (6-9hrs/sem)	Expected Graduation (MM/YYYY)	Date: Current Grad. GPA:	
Choose the option will you	u be completing to fulfill you	ır applied project:		
<ul><li>Outreach</li></ul>	roject Research Paper	(myyot 21, 2 = 2; 6, 1 = 1	ow)	
Other		(must specify belo	ow)	
Please list the tasks and/or a SSH 593 Applied Project.	requirements that the student	is expected to complet	e to earn credit for 6 credits of	
Student Signature	Date	Faculty Advisor Sig	nature Date	

The signed original will need to be turned into SHESC 218 along with the paper copy of the iPOS signed by your advisor and an unofficial transcript (please see iPOS resources on SHESC Graduate Blackboard).

You should give a copy of this form to the faculty supervisor and retain a copy for your records.