

Graduate Program in Public Health

GRADUATE PROGRAM IN PUBLIC HEALTH

STATEMENT OF SUPPORT FOR THE CULMINATING EXPERIENCE

PART I: STUDENT INFORMATION Student Name: _____ Specialty Track: _____ ☐ Capstone Topic: PART II: PROJECT OUTLINE Please submit the signed Statement of Support with your project outline (see guidelines in Culminating Experience Guide) to the Graduate Program in Public Health Program Office: Ms. Rose Vallines, Administrative Assistant CAM Building, 17 E. 102 St., West Tower – 5th Floor Interoffice Box 1403 Fax 212-824-2327 PART III: ISMMS FACULTY ADVISOR AGREEMENT I agree to advise and work with the above named student on the development and evaluation of their Culminating Experience according to the requirements outlined in the Culminating Experience Guide. ISMMS Faculty Advisor Name: Contact Information: ISMMS Faculty Advisor: __ Signature Date Specialty Track Advisor: Signature Date For Office Use Only:

Date: _____

Program Approval Signature: _____