FORM A
Notification of Intention to Complete the
PHA Culminating Experience in Global Health Systems & Development

Name: ____________________________  Degree Program: ____________________________

Expected Graduation Date: __________ Academic Advisor: ____________________________

If graduating THIS semester, have you applied to graduate?  YES  NO

Have you registered for the Culminating Experience (SPHL 7950)? YES  NO

PHA Mentor:

Mentor Signature: _______________________________________________________________

Tentative Title of Public Health Analysis (PHA): ________________________________

Brief Description of Planned PHA, including analysis:

Working Bibliography: Provide at least three references that will be used in your research.

Competencies to be developed by the PHA: Refer to the relevant competencies for your Program. You should limit additional competencies addressed to no more than 5 or 6.