

Appendix III

**Tulane University School of Public Health and Tropical Medicine
CULMINATING EXPERIENCE COMPLETION FORM**

Student name _____

Student number _____

Degree program _____

Department _____

Expected semester of graduation _____

Option Completed:

____ MS Thesis: Title: _____

____ Public Health Analysis: Title: _____

____ Comprehensive Examination: _____ Written Exam _____ Case Study Analysis

____ Capstone Course/ Integrative Seminar Course number:

Date completed: _____

Review:

____ Presentation/Poster: Date _____

____ Faculty evaluation: Date _____

____ Final report submitted and is on file in the department (Electronic and Hard Copy)

SIGNATURES

Student _____

DATE _____

Advisor _____

DATE _____

Department Chair _____

DATE _____