

**UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE  
DEPARTMENT OF PUBLIC HEALTH SCIENCES**

**TITLE HERE**

By

**YOUR NAME, YOUR DEGREES**

Department of Public Health Sciences  
University of Miami Miller School of Medicine

**MASTER OF SCIENCE IN PUBLIC HEALTH**

**THESIS PROPOSAL**

Submitted to the Faculty of the University of Miami  
in partial fulfillment of the requirements for the degree of Master of Science in Public Health  
at Department of Public Health Sciences in Miller School of Medicine

**July 21, 2015**

Coral Gables, Florida  
USA

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### **2. INNOVATION**

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### **4. PROPOSED METHODS**

### **5. TIMELINE**

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