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

FACULTY ADVISORS

Tulay Koru-Sengul, PhD, MHS Associate Professor Division of Biostatistics Department of Public Health Sciences University of Miami Miller School of Medicine

YOUR OTHER COMMITTEE MEMBERS, DEGREE

Professor

Division of XXX

Department of XXX

University of Miami Miller School of Medicine

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1. BACKGROUND
2. PURPOSE OF PROJECT
3. HYPOTHESIS(ES)
4. THE LIST OF MEASURES
5. DATA COLLECTION
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from IRB review.
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My role in the project will be 9. REFERENCES
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