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
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Background</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Purpose</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>Hypothesis</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>List of Measures</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Data Collection</td>
<td>7</td>
</tr>
<tr>
<td>6</td>
<td>Data Analysis</td>
<td>7</td>
</tr>
<tr>
<td>7</td>
<td>Regulatory Approval</td>
<td>8</td>
</tr>
<tr>
<td>8</td>
<td>My Role</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>References</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Appendixes</td>
<td>10</td>
</tr>
</tbody>
</table>
1. BACKGROUND

2. PURPOSE OF PROJECT

3. HYPOTHESIS(ES)

4. THE LIST OF MEASURES

5. DATA COLLECTION

6. DATA ANALYSIS

7. REGULATORY APPROVALS
   Since the datasets are both de-identified and publicly available, this project is exempt from IRB review.

8. MY ROLE
   My role in the project will be …

9. REFERENCES

10. APPENDIXES