

Student Name

Explain in the space provided how your HLTH 688R Field Experience was considered a family health experience.

[illegible]

	<i>List the course and title of the family health restricted elective courses completed (12 credits):</i>	Credits
1.		
2.		
3.		
4.		

	Signature	Date
Faculty Advisor		
Faculty Reader		
Department Approval		

Submit this completed form to the Graduate Program Manager in the MPH Office - 3004 LSB or to mph@byu.edu