

**Check List**

\_\_\_\_\_ has successfully completed all requirements for the Master of Public Health Program including the following:

Student Name

	Coursework completed		Exit Survey
	Electronic copy of fieldwork report		Personal items removed from MPH lounge
	e-Portfolio (includes fieldwork report, capstone project, and other relevant projects/coursework)		
	Application for graduation		

*I hereby grant to the Master of Public Health program and its agents the non-exclusive license to archive and make accessible, under the conditions specified below, my fieldwork report in whole or in part in all forms of media, now or hereafter known. I retain all other ownership rights to the copyright of the practicum products. I also retain the right to use in future works (such as articles or books) all or part of this report.*

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Student Name (Print)

\_\_\_\_\_ Date

**Signatures**

	Signature	Date
Faculty Advisor		
Faculty Reader		

**Graduate Student:** Submit this completed form to the Graduate Program Manager, [ruth\\_riggs@byu.edu](mailto:ruth_riggs@byu.edu) before the designated graduation deadline.