

**Check List**

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

Student Name \_\_\_\_\_

<input type="checkbox"/>	Coursework completed	<input type="checkbox"/>	Exit Survey
<input type="checkbox"/>	Electronic copy of fieldwork report	<input type="checkbox"/>	Personal items removed from MPH lounge
<input type="checkbox"/>	e-Portfolio		
<input type="checkbox"/>	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		
Department Approval		

**Graduate Student:** Submit this completed form to the Graduate Program Manager in the MPH Office - 3004 LSB or [ruth\\_riggs@byu.edu](mailto:ruth_riggs@byu.edu).