

Master of Science in Quantitative Health and Clinical Research (MSQHCR) Graduate Program

Internal Form for Plan B - Capstone Project Evaluation

This form is to be signed by the chair and committee members who participate in the final capstone project presentation of the Plan B students. By signing this form, committee members indicate approval or disapproval of the content of the project and the student's ability to defend it. Submit this form to the MSQHCR Program after results of the presentation become available.

Part I. To be completed by the student

Name: _____ UH ID No. _____
LAST, FIRST, MI

Track: _____

Capstone Topic: _____

Date of Final Oral Exam/Defense _____
MM/DD/YY

SIGNATURE OF STUDENT

DATE

Obtain signatures from capstone committee members:

We certify that we have read and understand the policies and instructions for this form.

Name (Type or Print)	Signature	Date
Chair		
Member		
Member		

Part II. To be completed by the Graduate Chair

Approved

Not Approved

PRINT NAME / SIGNATURE OF GRADUATE CHAIR

DATE

Please return completed form to qhcr@hawaii.edu