

UNIVERSITY OF COLORADO
COLORADO STATE UNIVERSITY
UNIVERSITY OF NORTHERN COLORADO

DRPH COMMITTEE MEMBERSHIP

Student Name:	Date:
Faculty Advisor:	Committee Chair:
Please provide the name of each committee their expertise and role on your committee	ttee member followed by a brief description supporting ee.
Committee Member Name:	
Rationale:	
Committee Member Name:	
Rationale:	
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Rationale:	
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Committee Member Name:	
Rationale:	
Committee Member Name:	
Rationale:	
Committee Chair Name:	Date:
Committee Chair Signature:	
DrPH Director Name:	Date:
DrPH Director Signature:	