



THE UNIVERSITY *of* TEXAS
SCHOOL OF PUBLIC HEALTH

Application: Culminating Experience Capstone Course and Exam Option

I declare my intent to register for the Capstone Course and Exam Option for my culminating experience graduation requirement.

Student Name: _____ ID (A) Number: _____

Student Signature: _____ Date: _____

Committee Members:

Advisor

Advisor Signature

Second Member

Second Member Signature

Other Member

Other Member Signature

Approved

30 Credit Hour and Practicum Audit

Associate Dean for Academic Affairs

Student Affairs