Department of Community & Preventive Medicine (DCPM)
RESEARCH PROJECT PRESENTATION REQUEST FORM

Name: _____ Program of Study: _____

Research Project Title: _____

Required Core Courses: (see Handbook for listing of required core courses for each program of study)

_____ I have completed all **core course requirements**
_____ Requirement Exemption Requested
(Please attach letter explaining why it is necessary for you to begin your Research Project without completion of the requirements. Your request will be reviewed and you will be notified of the decision in writing)

Group Committee Meeting:

_____ I have already met with my Chair and Committee Members
_____ I have not yet met with my Chair and Committee Members
Please insert date of meeting if not yet completed _____

Research Chair & Committee Members (please print):

Chair: _____
(See Handbook for information for listing of faculty eligible to serve as Chair of Research Committees)

DCPM Committee Members:	**Non-Departmental Committee Members: (Please also list department)**
_____	_____
_____	_____

Signatures:

_____ _____
Student Research Committee Chair

Audiovisual Equipment:

The Department of Community & Preventive Medicine provides an IBM compatible laptop as well as a LCD projector for all proposal presentations.

If additional equipment is needed, please identify:

_____

Please note: If a student is utilizing a MAC compatible presentation, it is the student's responsibility to provide a MAC compatible laptop or the adaptor cable for the provided IBM compatible laptop.

REMINDER:
Please provide the Graduate Programs' Administrative Assistant with an electronic copy of abstract at least 10 days before scheduled date of presentation.

Please submit this form at the time you schedule your proposal presentation.