

**NOTIFICATION OF INTENTION TO COMPLETE
THE CULMINATING EXPERIENCE IN HEALTH SYSTEMS MANAGEMENT**

Name:

Degree Program:

Expected Graduation Date:

Academic Advisor:

Have you registered for the Culminating Experience (SPHL 795)? **YES** **NO**

Tentative Title of Public Health Analysis (PHA):

Brief Description of Planned PHA:

Working Bibliography: Provide at least **three** references that will be used in your research.

Competencies to be developed by the PHA: Refer to the relevant competencies for your Program. You should limit additional competencies addressed to **no more than 5 or 6**.