

**DEPARTMENT OF INFECTIOUS DISEASE AND MICROBIOLOGY  
MPH-PEL PROGRAM  
THESIS/ESSAY PLANNING FORM**

Faculty advisor and student must complete this document at the beginning of thesis/essay planning. Please submit to the Student Services Coordinator at [idsm@pitt.edu](mailto:idsm@pitt.edu).

Student Name \_\_\_\_\_

Thesis/Essay Chair \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Projected Title/Topic/Focus \_\_\_\_\_

\_\_\_\_\_

Completing essay or thesis? \_\_\_\_\_ Essay \_\_\_\_\_ Thesis

Projected Date of Thesis Committee Review of Initial Proposal \_\_\_\_\_

Projected Date of Completion of Thesis/Essay \_\_\_\_\_

Essay/Thesis related to practicum site or experience? \_\_\_\_\_ yes \_\_\_\_\_ no

Essay/Thesis Committee Members:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

IRB Submission Planned?

\_\_\_\_\_ yes, student submission needed

\_\_\_\_\_ no, IRB exempt

\_\_\_\_\_ no, project covered under PI/thesis/essay advisor IRB # \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Thesis/Essay Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

MPH-PEL Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF INFECTIOUS DISEASE AND MICROBIOLOGY  
MPH THESIS/ESSAY ABSTRACT**

**Present to Proposed Committee Members & Advisor**

**Note: If completing a thesis, you must present a thesis proposal at an in-person committee meeting a**

**Abstract Title**

**Authors & Affiliation**

**Problem/Issue:**

**Objectives/Specific Aims:**

**Research Methods/Approaches:**

**Results/Outcomes:**

**Discussion:**

- 1. Lessons learned**
- 2. Implications for public health (research, policy, practice)**
- 3. Conclusions**