

Fay W. Boozman College of Public Health
MS in Healthcare Data Analytics
Thesis Registration Packet Cover Sheet (COPH 5200)

Student Name: _____ Student ID Number: _____

Thesis Advisor Name: _____ Thesis Advisor Signature: _____

Year and semester of thesis initiation (e.g., "2021 FALL"): _____

Total number of successfully completed hours in the MS program: _____

Total number of successfully completed core course Hours: _____

Proposed enrollment hours for this enrollment term (excluding thesis hours): _____

Have you completed the Human Subjects Research Determination form? Yes ___ No ___

Have you completed HIPAA and IRB online training? Yes ___ No ___

REQUIRED PACKET COMPONENTS

The following components must be submitted to a program director on or before 5:00 pm on December 10th (Spring Registration) or July 10th (Fall Registration). Please label each plan component.

1. Completed Thesis Registration Packet Cover Sheet (this form)
2. Thesis information:
 - a. Title of the thesis
 - b. Statement of purpose for the project
 - c. Data to be used for analysis
 - d. Expected analytical approaches to be utilized
 - e. Final deliverable product from the thesis
 - f. List of between three (3) and five (5) learning objectives for the thesis
 - g. At least two (2) MS core competencies that will be addressed by the thesis, along with clear indication regarding which activities from the thesis will meet each of the competencies.
3. Statement of Institutional Review Board status or determination letter for non-human subjects research if applicable
4. Unofficial COPH transcript
5. HIPPA and IRB training certificates
6. As necessary: Paperwork that permits any exceptions to the policies governing the thesis as outlined in the MS Thesis Manual.

I understand that if I do not complete my thesis before the last day of classes, I will be required to register and pay tuition/fees each semester until it is complete. I understand that my minimum number of thesis hours to complete is three (3) hours. I understand that I must complete my thesis in a maximum of three (3) semesters. In the event that my project changes before completion, I will be required to prepare a new Thesis Registration Packet for approval. I have read and understand the requirements under the UAMS COPH Honor Code.

Student Signature _____ Date _____