

Fay W. Boozman College of Public Health  
MPH Integrative Learning Experience Project Registration Form  
(COPH 5992)



Fay W. Boozman  
College of Public Health

Print Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

MPH Specialty: \_\_\_\_\_ Integrative Learning Experience Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Integrative Learning Experience Title: \_\_\_\_\_

Address of Integrative Learning Experience Site: \_\_\_\_\_ County \_\_\_\_\_

INTEGRATIVE LEARNING EXPERIENCE PROJECT ADVISORY COMMITTEE (ILEPAC) FACULTY MEMBERS:

Signature Integrative Learning Experience Advisory Committee Chair/Date (REQUIRED): \_\_\_\_\_

Signature Integrative Learning Experience Advisory Committee/Date (REQUIRED): \_\_\_\_\_

Total Number of Successfully Completed Hours in the COPH: \_\_\_\_\_ GPA: \_\_\_\_\_

- ❖ Have you completed ALL six Core Courses? Yes \_\_\_\_\_ No \_\_\_\_\_
- ❖ Have you registered for MPH Integrative Learning Experience Seminar (COPH 5991)? (first semester ONLY) Yes \_\_\_\_\_ No \_\_\_\_\_
- ❖ Number of courses completed in your SPECIALTY TRACK \_\_\_\_\_ = \_\_\_\_\_ (hours)
- ❖ Proposed enrollment hours for this registration term (EXCLUDING the Integrative Learning Experience Project): \_\_\_\_\_
- ❖ Have you completed the Human Subjects Research Determination form? Yes \_\_\_\_\_ No \_\_\_\_\_
- ❖ Have you completed the 'HIPAA' and IRB on-line trainings? Yes \_\_\_\_\_ No \_\_\_\_\_



**Integrative Learning Experience Project Plan Checklist**

The following **MUST** be included in your Integrative Learning Experience Plan:

- Title of Integrative Learning Experience (ILE) Project
- Description of ILE Project that will integrate at least TWO public health core areas in an interdisciplinary manner

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- Integrative Learning Experience **Learning Objectives**
- **Core and Specialty competencies** related to Objectives and Activities **registration**
- Integrative Learning Experience Activities related to Objectives and selected competencies
- **Timeline** of Integrative Learning Experience Activities
- Description of **Final Product**
- **Frequency of Meetings** with ILE Advisory Committee and/or full committee
- Full description of the final product to be provided to the ILE Advisory committee and presented seminar
- Statement of Understanding of **COPH Honor Code**
- **Statement of IRB Status** applicable to the ILE project
- **Statement of Agreement** to participate in the poster presentation and all required activities and assignments of the ILE Seminar
- Copy of **unofficial COPH Transcript**
- Copy of **HIPAA/IRB Human Subjects Training Certificate & Human Subject Determination Letter**
- **As necessary: Written statement requesting exceptions to policies governing the Integrative Learning Experience**

*I understand that if I do not complete my Integrative Learning Experience (and submit my final product) before the last day of classes, I will be required to register and pay tuition/fees each semester until it is complete. This policy is applicable for up to three semesters. In the event that my project changes before completion, I will be required to prepare a new Integrative Learning Experience Project plan for approval.*

**Student's Signature/Date:** \_\_\_\_\_