Print Student Name:___________________________________________     Student ID Number:_______________________

MPH Specialty:  ____________   Integrative Learning Experience Semester: _____________  Year:  ____________________

Integrative Learning Experience Title:   _____________________________________________________________________

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

• 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

Updated May 2018
Fay W. Boozman College of Public Health
MPH Integrative Learning Experience Project Registration Form
(COPH 5992)

- 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: ___________________________________________