

## Bachelor of Science in Public Health Program Capstone Student Objectives

Student Name: \_\_\_\_\_ Student Email: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Agency/Organization Address: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

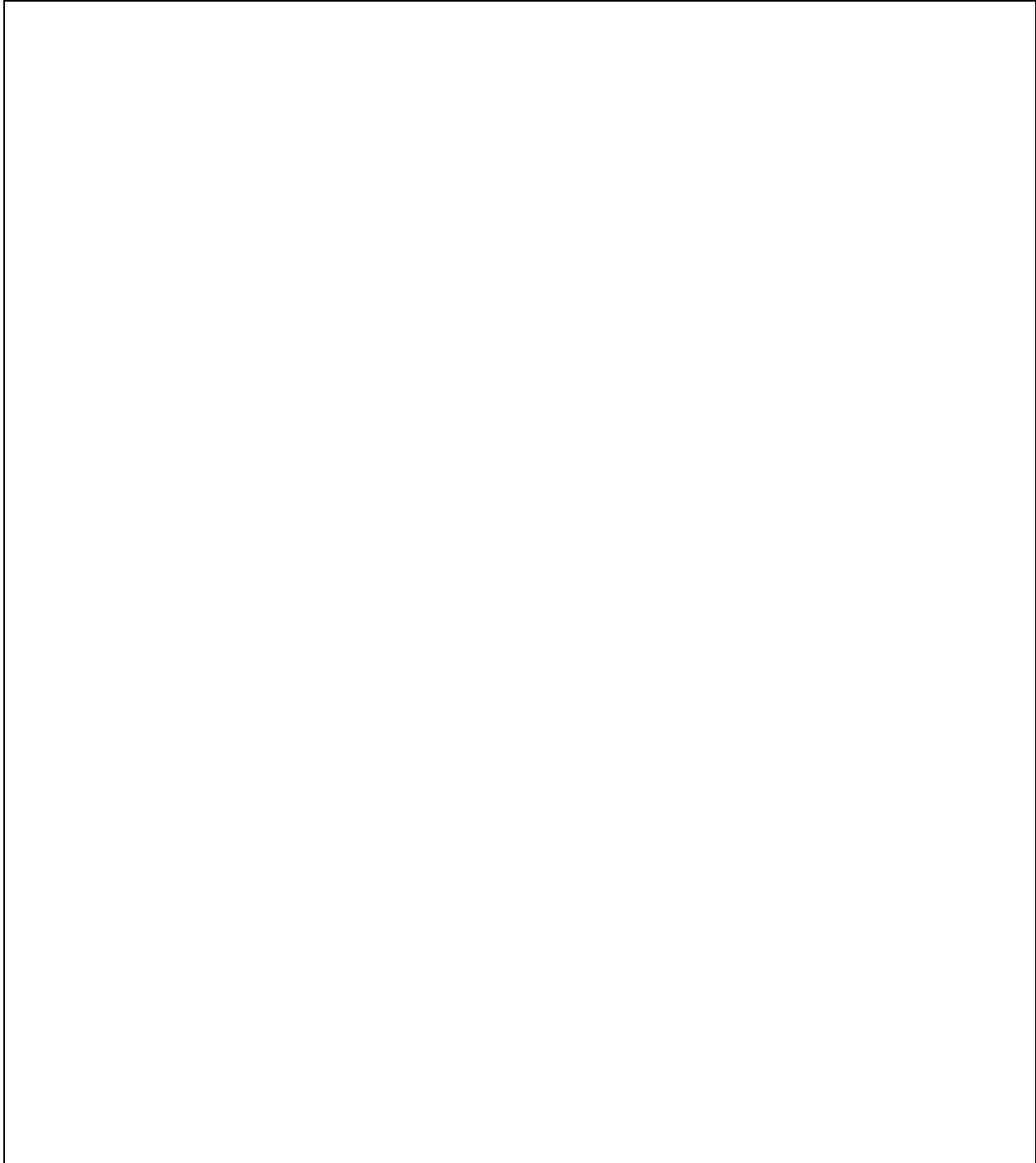
Site Supervisor Email: \_\_\_\_\_ Site Supervisor Phone: \_\_\_\_\_

Briefly describe your Capstone project below, and what you anticipate doing/experiencing during the project. Include details about the project(s) you expect to complete during your Capstone.

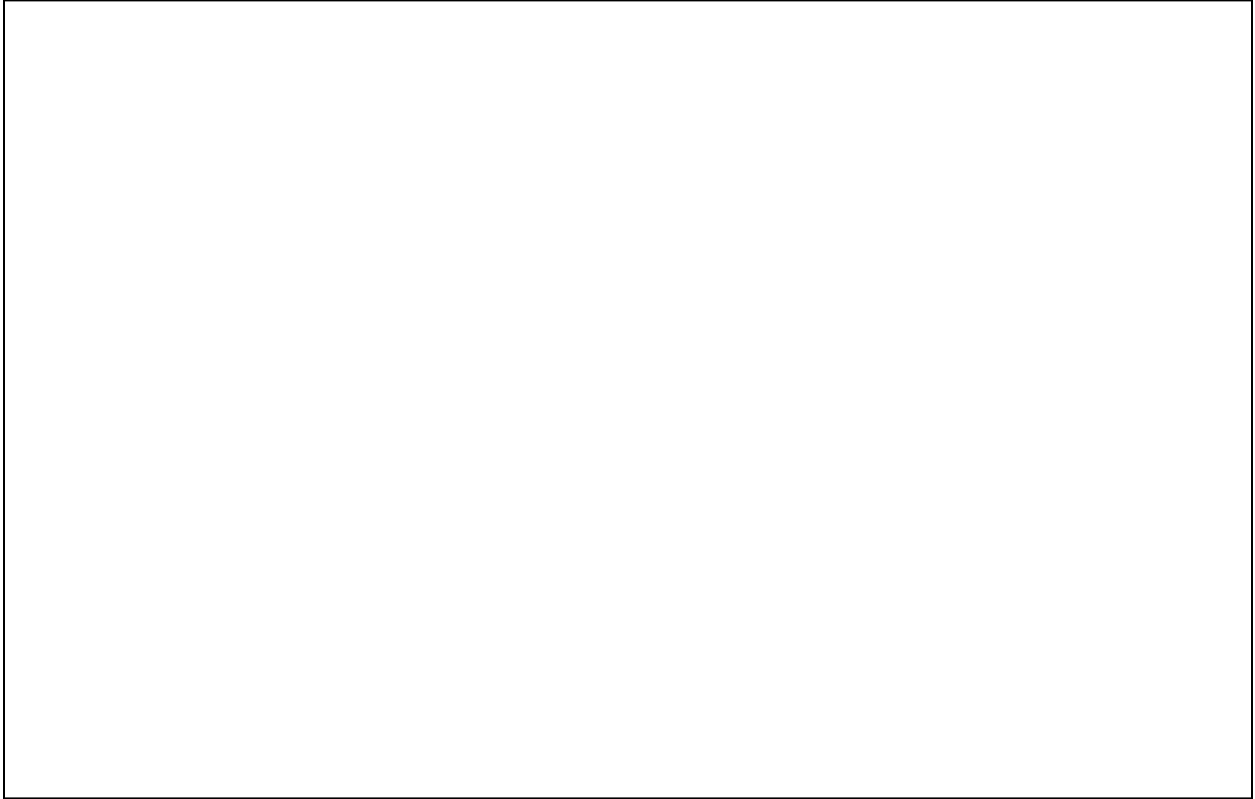
**Scope of Work or Primary Focus:**

Along with your Site Supervisor, determine the **learning objectives** for your Capstone, the **activities to be performed** to accomplish these objectives, and the **anticipated products** (surveys, reports, training modules, brochures, etc.) that will be reported to the agency/organization and included in the final Capstone Project Report.

**Learning Objectives:** (Knowledge and skills you want to acquire by the end of the Capstone Project)

A large, empty rectangular box with a thin black border, intended for the student to write their learning objectives. The box is currently blank.

**Activities to be Performed:**



**Anticipated Products:** (i.e. brochures, flyers, training modules, surveys, oral presentation with PowerPoint or other media, posters, websites, spreadsheets, etc.)

