

**Mel and Enid Zuckerman Arizona College of Public Health  
Master of Public Health**

***Research Unit Registration Form***

**Student's Name** \_\_\_\_\_

**Student's ID#** \_\_\_\_\_

**Course # CPH 900 # of Units** \_\_\_\_ **Semester Enrolled** \_\_\_\_\_

**Instructor's Name** \_\_\_\_\_

**Instructor's Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Description of Research Project**

Learning Objectives and how they are to be met. Work products (as applicable e.g., literature review, data analysis, etc. that are to be completed as a part of the research study). Attach a separate sheet if needed.

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**Student's Signature**

**Date**

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**Instructor's Signature**

**Initial Meeting Date**

*All MPH students who wish to enroll in Research Units at the UA must complete this form and submit a copy to Office of Student Services and Academic Affairs (Drachman Hall Room A302, PO Box 245033), before or during the first three weeks of the fall and spring semesters and the first week of the Summer Sessions. The form serves to establish the scope and focus of a research study, provide a permanent record for the student's academic file, and facilitate the assignment of final grades at the end of each semester. At a minimum, students will initiate meetings to report progress with the instructor at mid-semester and end of semester; however, the student and instructor should negotiate more frequent meetings, as needed, as part of this research study contract.*