DrPH Applied Research Project - Project Closure Form

*Instructions: Please complete the Project Closure form at the completion of your applied research project. Please keep a copy of this form for your personal records and submit a completed and signed form to the DrPH Program Director along with any deliverables described in Question 1.*

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| Name: |       | Student Number: |       |
|  |  |
| Name of Host Organization Mentor/Supervisor: |       |
| Name of Institution, Agency, or Host Organization: |       |
| Project Title: |       |

# Project Deliverables

1. Please list the implementation milestones achieved as part of the applied research project (e.g., study protocol, knowledge translation tools, final project summary report, scientific publication). Please make note if your deliverables are different from the final project deliverables.

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1. Did the final milestones achieve the specific aim(s) of your applied research project as outlined in your initial approval form?

[ ]  Yes

[ ]  Yes, with modifications

[ ]  No

If no, please specify why not in the space below. If the aim(s) changed during the project, please specify the change(s).

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# Evaluation

1. On your applied research project approval form, you stated the competencies you hoped to develop. Reflecting on your experience, please complete the following table:

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|  | Pre-Project | Post-Project |
| Competency Domain | High Development | Moderate Development | Little or No Development | High Development | Moderate Development | Little or No Development |
| Data and Analysis | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Leadership, Management, and Governance | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Policy and Practice | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Education and Workforce Development | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

# Next Steps

1. At this stage, will the outputs from this project inform or directly be used in your dissertation? If you do not know, please indicate as such in the space below.

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1. What are the next steps for this project, if any.

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# Self-Reflection

1. Reflecting on your experience, please outline any challenges or successes during the applied research project?

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1. What advice will you provide future students completing their applied research project?

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1. If applicable, please outline any reflections you have regarding the inclusion of the applied research project as part of the Doctor of Public Health Program. Consider commenting on what you liked about it and what needs to be modified.

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1. Additional Comments

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# Sign-Off

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| Name of Student |  | Signature of Student |  | Date (DD MMM YYYY) |

|  |  |  |  |  |
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|       |  |  |  |       |
| Name of Host Organization Mentor/Supervisor |  | Signature of Host Organization Mentor/Supervisor |  | Date (DD MMM YYYY) |

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|       |  |  |  |       |
| Name of DrPH Program Director |  | Signature of DrPH Program Director |  | Date (DD MMM YYYY) |