THESIS TITLE

BY

YOUR NAME

A Thesis Submitted to the Department of Public Health in Partial Fulfillment for the Requirements for the Degree of Master of Public Health

Southern Connecticut State University

New Haven, CT

Month of Submission 201X

THESIS TITLE

BY

YOUR NAME

This thesis was prepared under the direction of the candidate’s thesis advisor, Advisor’s Name, Department of Public Health, and it has been approved by the members of the candidate’s thesis committee. It was submitted to the School of Graduate Studies and was accepted in partial fulfillment of the requirements for the degree of Master of Public Health.

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Insert gratitude here. ☺

**ABSTRACT**

Author: Your Name

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## Recommendations and Implications

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# REFERENCES

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# APPENDIX A: IRB LETTERS

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# APPENDIX B: SURVEY QUESTIONS AND VARIABLES

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# APPENDIX C: STUDY TIMELINE

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# APPENDIX D: SOMETHING RELEVANT??

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