

## Submission Statement

### Master of Public Health Research Project

This MPH Research Project report is submitted in partial fulfillment of the requirements for a Master of Public Health degree from Virginia Commonwealth University's School of Medicine. I agree that this research project report be made available for circulation in accordance with the program's policies and regulations pertaining to documents of this type. I also understand that I must receive approval from my Faculty Advisor in order to copy from or publish this document, or submit to a funding agency. I understand that any copying from or publication of this document for potential financial gain is not allowed unless permission is granted by my Faculty Advisor or (in the absence of my Faculty Advisor) the Director of the MPH Program.

---

Student Signature

---

Date