## EAST CAROLINA UNIVERSITY

College of Allied Health Sciences

## Department of Nutrition Science REPORT OF NON-THESIS PROJECT COMPLETION

This is to certify I,	
(Student Name)	(Banner ID)
have completed the non-thesis project titled	_ to the satisfaction of my Non-Thesis Project Committee for the
degree of Master of Science in Nutrition. Indicate	below where results of this project have or will be disseminated.
Publications Publications	
1. Peer reviewed Journal	3. Peer reviewed Journal
Non-Peer reviewed Journal	Non-Peer reviewed Journal
Book/Magazine	Book/Magazine
Manuscript	☐ Manuscript
Name of Journal/Book:	Name of Journal/Book:
Title of Article:	Title of Article:
Authors: ISBN:	Authors: ISBN:
Date Submitted:	Date Submitted:
Date Accepted:	Date Accepted:
2. Peer reviewed Journal	4. Peer reviewed Journal
Non-Peer reviewed Journal	Non-Peer reviewed Journal
Book/Magazine	Book/Magazine
Manuscript	Manuscript
Name of Journal/Book:	Name of Journal/Book:
Title of Article:	Title of Article:
Authors: ISBN:	Authors: ISBN:
Date Submitted:	Date Submitted:
Date Accepted:	Date Accepted:
Date Accepted	Date Accepted.
Professional Presentations	_
1. Oral Presentation	3. Oral Presentation
Poster Presentation	Poster Presentation
Name of Conference:	Name of Conference:
Date of conference:	Date of conference:
City/State/Country:	City/State/Country:
Number of People in attendance:	Number of People in attendance:
2. Oral Presentation	4. Oral Presentation
Poster Presentation	Poster Presentation
Name of Conference:	Name of Conference:
Date of conference:	Date of conference:
City/State/Country:	City/State/Country:
Number of People in attendance:	Number of People in attendance:
rumoer of reopic in attenuance.	number of reopic in attendance.

1.	Community Presentation		
Other: Location of Presentation (City/State): Location of Presentation (City/State): Location of Presentation	1. Oral Presentation	3. Oral Presentation	
Location of Presentation (City/State):	Poster Presentation	Poster Presentation	
Date of Presentation: Number of People in attendance: Describe the purpose of the presentation: Describe the purpose of Presentation   Describe of Presentation   Describe of Presentation: Date of Presentation: Describe the purpose of the presentation: Describe the purpose of the presentation: Describe the purpose of the presentation not listed above)   Date   Dat	Other:	Other:	
Date of Presentation:	Location of Presentation (City/State):	Location of Presentation	
Number of People in attendance:	(City/State):		
Number of People in attendance:	Date of Presentation:	Date of Presentation:	
Describe the purpose of the presentation:	Number of People in attendance:	Number of People in attendance:	
Poster Presentation   Poster Presentation   Other:   Other:   Location of Presentation (City/State):   Location of Presentation (City/State):   Location of Presentation (City/State):   Date of Presentation:   Date of Presentation:   Number of People in attendance:   Number of People in attendance:   Describe the purpose of the presentation:   Describe the purpose of the presentation:   Describe the purpose of the presentation:   Date   D		Describe the purpose of the presentation:	
Poster Presentation   Poster Presentation   Other:   Other:   Location of Presentation (City/State):   Location of Presentation (City/State):   Location of Presentation (City/State):   Date of Presentation:   Date of Presentation:   Number of People in attendance:   Number of People in attendance:   Describe the purpose of the presentation:   Describe the purpose of the presentation:   Describe the purpose of the presentation:   Date   D	2.  Oral Presentation	4.  Oral Presentation	
Other:   Other:   Other:     Location of Presentation (City/State):   Location of Presentation  (City/State):   Date of Presentation:     Number of People in attendance:   Number of People in attendance:     Describe the purpose of the presentation:   Describe the purpose of the presentation:      Other (Indicate other avenues of dissemination not listed above)      Student Signature   Date      Advisor Signature   Date			
Location of Presentation (City/State): Location of Presentation  (City/State): Date of Presentation: Date of Presentation: Number of People in attendance: Describe the purpose of the presentation: Describe the purpose of the p			
Date of Presentation:   Date of Presentation:   Number of People in attendance:   Number of People in attendance:   Describe the purpose of the presentation:			
Date of Presentation:			
Number of People in attendance:		Date of Presentation:	
Describe the purpose of the presentation: Describe the purpose of the presentation:    Other (Indicate other avenues of dissemination not listed above)    Student Signature			
Other (Indicate other avenues of dissemination not listed above)  Student Signature  Date  Advisor Signature  Date	•	-	
Advisor Signature Date	Other (Indicate other avenues of dissemination not listed above)		
	Student Signature	Date	
MS in Nutrition Program Director Signature  Date	Advisor Signature	Date	
	MS in Nutrition Program Director Signature	Date	

cc: Advisor, Program Director