

**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**

1.  Peer reviewed Journal  
 Non-Peer reviewed Journal  
 Book/Magazine  
 Manuscript

Name of Journal/Book: \_\_\_\_\_  
Title of Article: \_\_\_\_\_  
Authors: \_\_\_\_\_ ISBN: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_

2.  Peer reviewed Journal  
 Non-Peer reviewed Journal  
 Book/Magazine  
 Manuscript

Name of Journal/Book: \_\_\_\_\_  
Title of Article: \_\_\_\_\_  
Authors: \_\_\_\_\_ ISBN: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_

3.  Peer reviewed Journal  
 Non-Peer reviewed Journal  
 Book/Magazine  
 Manuscript

Name of Journal/Book: \_\_\_\_\_  
Title of Article: \_\_\_\_\_  
Authors: \_\_\_\_\_ ISBN: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_

4.  Peer reviewed Journal  
 Non-Peer reviewed Journal  
 Book/Magazine  
 Manuscript

Name of Journal/Book: \_\_\_\_\_  
Title of Article: \_\_\_\_\_  
Authors: \_\_\_\_\_ ISBN: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_  
Date Accepted: \_\_\_\_\_

**Professional Presentations**

1.  Oral Presentation  
 Poster Presentation

Name of Conference: \_\_\_\_\_  
Date of conference: \_\_\_\_\_  
City/State/Country: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_

2.  Oral Presentation  
 Poster Presentation

Name of Conference: \_\_\_\_\_  
Date of conference: \_\_\_\_\_  
City/State/Country: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_

3.  Oral Presentation  
 Poster Presentation

Name of Conference: \_\_\_\_\_  
Date of conference: \_\_\_\_\_  
City/State/Country: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_

4.  Oral Presentation  
 Poster Presentation

Name of Conference: \_\_\_\_\_  
Date of conference: \_\_\_\_\_  
City/State/Country: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_

Community Presentation

1.  Oral Presentation  
 Poster Presentation  
 Other: \_\_\_\_\_

Location of Presentation (City/State): \_\_\_\_\_  
(City/State): \_\_\_\_\_

Date of Presentation: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_  
Describe the purpose of the presentation: \_\_\_\_\_

2.  Oral Presentation  
 Poster Presentation  
 Other: \_\_\_\_\_

Location of Presentation (City/State): \_\_\_\_\_  
(City/State): \_\_\_\_\_

Date of Presentation: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_  
Describe the purpose of the presentation: \_\_\_\_\_

3.  Oral Presentation  
 Poster Presentation  
 Other: \_\_\_\_\_

Location of Presentation

Date of Presentation: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_  
Describe the purpose of the presentation: \_\_\_\_\_

4.  Oral Presentation  
 Poster Presentation  
 Other: \_\_\_\_\_

Location of Presentation

Date of Presentation: \_\_\_\_\_  
Number of People in attendance: \_\_\_\_\_  
Describe the purpose of the presentation: \_\_\_\_\_

Other (Indicate other avenues of dissemination not listed above) \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MS in Nutrition Program Director Signature

\_\_\_\_\_  
Date

cc: Advisor, Program Director