

EAST CAROLINA UNIVERSITY
College of Allied Health Sciences,
Department of Nutrition Science
REPORT OF THESIS PROJECT COMPLETION

This is to certify I, _____
(Student Name) _____
(Banner ID)
have completed the thesis research project titled _____ to the satisfaction of my Thesis Committee for the degree of Master of Science in Nutrition. Indicate below where results of this project have been 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 areas research was presented if not indicated above, and additional presentations/publications if needed) _____

Student Signature

Date

Advisor Signature

Date

MS in Nutrition Program Director
cc: [Advisor, MS in Nutrition Program Director](#)

Date