

**Consortium of Eastern Ohio Master of Public Health
Capstone Midterm Progress Form**

Student _____ Capstone Project _____

Faculty Preceptor _____ Community Preceptor _____

Please comment—include feedback given to the student and suggestions for improvement. E-mail, fax, or mail back at the appropriate intervals (fall or spring semester—beginning of the 8th week of the semester or if the student is not completing the project by the end of the semester, also at the end of the semester; summer semester—beginning of the 5th week of the semester).

E-mail: pubhlth@neomed.edu; fax: 330-325-5907; Mail: CEOMPH, PO Box 95, 4209 State Route 44, Rootstown, OH 44272-0095.

Comments about student progress and whether the student will be able to complete the project within the anticipated timeline:

I have no concerns about the progress of this student.

Please contact me about the progress of this student.

Preceptor _____ Date _____

I have read the above comments:

Student _____ Date _____