

**Master of Public Health (MPH)
Study Plan**

ID #	Name (Last, First, MI)		
Major	Dual Degree with (Major/Degree)		
Date Application for Degree Filed	Term/Year of Intended Graduation	Date Study Plan Filed	

Your advisor must approve this form. It will be kept in the major office for revision and final review. Upon completion of degree requirements the form will be reviewed, signed by the major chairperson, and forwarded to the Student Services Center for degree clearance.

Please complete sections I. and II. In the designated sections below list all course work that has been or will be completed to fulfill degree requirements.

I. Course work for fulfillment of degree requirements

A. Core Requirements: Please denote how requirement was met by: listing course number, term, and year taken; or equivalency exam date taken; or petitioned course number, term, and year taken. Please *ATTACH* copies of documentation for equivalency exam(s) and/or petitioned courses.

Core Area Requirement	Public Health Course (number/term/year)	Equivalency Exam (date)	Petitioned Course (number/term/year)
1. Administration			
2. Behavioral Science			
3. Biostatistics			
4. Environmental Health			
5. Epidemiology			
6. Ethics			

B. Field Experience: Please state how requirement was met.

Designator and Course Number	Term/Year	Number of Hours
Advisor	Preceptor	
Name of Organization		
Street Address		
City/State/Zip		
Telephone and/or e-mail		

Name:

Major:

Advisor:

II. List MPH project (s) completed, advisor, and date accepted.

Project Title	Project Advisor	Date Accepted

III. Interdisciplinary Concentration

Indicate if you are completing one of the following interdisciplinary concentrations:

- Complimentary & Alternative Medicine (CAMIC) Public Health Policy (PHPIC)
 Global Health (GHIC) Health Disparities (HDIC)

Indicate the date your IC proposal was approved

IV. Enrollment Status and Course Requirements – Office Use Only

Major will complete this portion prior to submitting to Student Services Center for clearance.

Term/Year Admitted	Total Credits
Degree Candidate Credits	Cumulative GPA
Credits Transferred	

Oral Examination Committee Members (Please Print or type names)	Signature	Date

Written Examination Date	
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Advisor Signature	Date

Major Chair Signature	Date

Date Degree Awarded	
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