

MHA, MPH, Study Plan

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|-----------------------------------|----------------------------------|-----------------------|
| ID# | Name (Last, First, MI) | |
| Program | 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 your program office for revision and final review. Upon completion of degree requirements, the form will be reviewed, signed by the program director 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 | | | |
| 7. Foundations | | | |

Indicate if you have completed paperwork and are approved to declare an official minor: ☐ Yes ☐ No

| | |
|-----------------|--------------------------|
| Title of Minor: | Required No. of Credits: |
|-----------------|--------------------------|

B. Course Listing: Please list chronologically all courses (including core requirements and applied practice experience) used to attain your degree/certificate:

[illegible]

Semester Totals

| | |
|--|--|
| | |
|--|--|

Name: _____

II. Final Project

| Project Title | Project Advisor | Date Accepted |
|---------------|-----------------|---------------|
| | | |

Written Examination Date:

| Oral Examination Committee Members (Please print or type names) | Signature | Date |
|--|-----------|------|
| | | |
| | | |
| | | |

| | |
|-------------------------------|------|
| Advisor Signature | Date |
| Program Director Signature | Date |
| Program Coordinator Signature | Date |

IV. Enrollment Status and Course Requirements – Office Use Only

Program Coordinator will complete this portion prior to submitting to Student Services Center for degree clearance

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

Student Service Center Use Only

| | | | |
|-----|--------------|---------------------|---------------------------|
| SID | ASR Notified | Date Cleared by SSC | Month/Year Degree Awarded |
|-----|--------------|---------------------|---------------------------|

Yes No Career Survey Completed
Circle One