Plan of Study MPH in Community Health Education

Student's Name:	ID#
Dept: Public Health Education	Major: Community Health Education

Summary of Hours Required for Degree: UNCG _____ Transfer ____ Total <u>45 hours</u>

MAJOR AREA OF STUDY

Course Number	Course Title	Credit	Semester/Year
		Hours	Taken
Core Courses		· ·	
HEA 601	Foundations of Public Health	3	
HEA 602	Epidemiology (pre-req's: 601 & 604)	3	
HEA 604	Quantitative Methods	3	
HEA 607	Determinants of Health	3	
HEA 618	Assessment and Planning I (pre-req's: 601& 621)	3	
HEA 619	Systems Leadership & Policy I (pre-req's: 601& 607)	3	
HEA 621	Public Health Theories and Strategies	3	
Required Profess	sional Courses		
HEA 623	Systems Leadership & Policy II (pre-reqs: 618 & 619)	3	
HEA 624	Assessment and Planning II (pre-reqs: 618 & 619)	3	
HEA 625	Evaluation Methods (pre-reqs: 602 & 604)	3	
TOTAL Hrs		30	

Please note:

- See courses above with prerequisites if you drop a course that is a prerequisite for a required course, your graduation may be delayed.
- You may not substitute courses in other departments nor independent studies for any courses above.

ELECTIVES/SUPPORTING COURSES (3 required electives- 9 semester hours)

Course Number	Course Title	Credit	Semester/Year
		Hours	Taken
TOTAL Hrs		9	

Please note:

- <u>All electives should be approved by advisor & Grad Program Director prior to taking</u>
- MPH students may register for no more than 1 independent study per semester and no more than 6 semester hours of independent study will count toward the min requirements for the MPH.

• To be approved as an elective, an independent study must have an agreement from a supervising faculty member, a semester in which you plan to take it, a plan for the independent study, agreed upon products that are the equivalent of those in a regular course, and a standard of grading.

COURSES RECOMMENDED FOR *TRANSFER FROM:

(Name of Institution. Attach final official transcript)

Course Number	Course Title	Credit Hrs	Sem/Year Taken

*(Students may transfer up to 1/3 of required credit hours depending on the fit of the courses from another institution with the required MPH program plan of study.) See note about transfer approval under common electives on page 6 of the handbook.

<u>COURSES REQUIRED BUT NOT COUNTED TOWARD DEGREE</u> (include prerequisites):

Course Number	Course Title	Credit Hrs	Sem/Year Taken

CAPSTONE EXPERIENCE TO CONSIST OF:

Course Number	Course Title	Credit Hrs	Sem/Year Taken
HEA 650	Community Health Internship / Practicum	6	

PROVISIONAL / ADDITIONAL REQUIREMENTS:

Student's Signature	Date:
Approved by Major Advisor and Graduate Program Directo	<u>or</u>
Major Advisor:	Date:
printed name	
Graduate Program Director:	Date:

printed name