GRADUATE APPROVED PROGRAM

Master of **Public Health** Major _____

Concentration or Emphasis (if applicable) _____

Student: Select the correct *University Bulletin* year for the requirements listed below : Please Select

Name: _____ Student ID: _____

Address: _____ Phone(s): _____

City/State/Zip: _____ E-mail: _____

ALL REQUIREMENTS MUST BE COMPLETED WITHIN 7 YEARS FROM THE START OF THE TERM OF THE EARLIEST COURSE LISTED BELOW

Student: Fill out the following information completely (including the semester each course was or will be taken).

Course No.	Course Title	Units Required	Units (to be) completed	Semester	Institution (for transfer units only)*	Grade	In Progress Or To Do
HED 810	Public Health and Principles of Community Organizing	3					
HED 815	Theories of Social Behavioral Change in Community Health Education	3					
HED 829	Biostatistics	3					
HED 890	MPH Seminar	1					
HED 820	Needs Assessment in Community Health Education	3					
HED 821	Community Assessment Practicum	1					
HED 825	Epidemiology	3					
HED 890	MPH Seminar	1					
HED 830	Program Planning for Community Change	3					
HED 831	Community Health Assessment Practicum	3					
HED 840	Program Evaluation Design and Research	3					
HED 841	Program Planning and Evaluation Design Practicum	3					
HED 890	MPH Seminar	1					
HED 892	Supervised Field Experience	4					
HED 811	Health Education Skills Portfolio	1					
HED 890	MPH Seminar	1					
HED 890	MPH Seminar	1					
HED 895	Applied Research Project in Health Education	3					
The following non sequenced courses must be taken prior to enrolling in HED 895							
HED 835	Public Health Policy	3					
HED 845	Training and Educational Processes	3					
HED 850	Health Administration and Management	3					
HED 855	Environmental Health	3					
	Total Units	53					

***NOTE**: For transfer work, a Request for Graduate Program Transfer Unit Evaluation must be submitted.

AND

Report of Completion: ☐ HED 895 Applied Research Project

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student *has or will have satisfied* Second Level written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

☐ Course No. HED 815

☐ Written Component of Culminating Experience

☐ Written proposal for Culminating Experience

☐ Other, specify _____

GRADUATE ADVISER (Required): _____
Type/Print last name Signature Date

SCHOOL GRADUATE COMMITTEE (Required): _____
Type/Print last name Signature Date

Approved ☐ Not Approved ☐ _____ _____
Dean of the Graduate Division or Designee Date

Note: Upon approval of the GAP, read graduate Academic Policies and Procedures section in the *Bulletin* regarding conditions for maintaining its validity.