



<input type="checkbox"/> Original Submission	Date _____
<input type="checkbox"/> Amended	Date _____

**RETURN TO:** Northwest Ohio Consortium for Public Health  
 College of Graduate Studies  
 c/o University of Toledo - Health Science Campus  
 Mulford Library Room 117  
 Mail Stop 1042

## Plan of Study for the Master of Public Health Degree

**Description:** The Plan of Study serves two main purposes. By defining a student's course of study, it provides focus and direction to his or her graduate degree program and it constitutes an agreement that successful completion of the proposed course of study and the general degree requirements will result in the awarding of the degree. Each student working for a degree is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 12 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the Associate College Dean before being submitted to the College of Graduate Studies. It is understood that the first "Plan of Study" filed by a student may be subject to change as he/she progresses. However, it is the student's responsibility to notify the College of Graduate Studies of any changes to an approved plan of study. According to the Northwest Ohio Consortium for Public Health Student Handbook, it is the policy that credit applied towards the master's degree must have been earned within the period of six years immediately preceding the time the degree is awarded.

**Instructions:**

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Master's degree requirements.
2. Under "Course Alphanumeric Code," give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the "Credits" column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are significant changes, a new "Plan of Study" should be completed. If there are minimal changes, a "Plan of Study Course Substitution" form may be used.

Last Name: _____ First Name: _____ M. I. _____					
Rocket ID: _____ First Semester Enrolled (term/year): _____					
College: <u>Medicine</u> Degree: <u>Master of Public Health</u> Major: _____					
Time Limitation for Degree (term/year): _____ Expected Graduation (term/year): _____					
List all graduate courses required for the degree					
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only
A. Required Core Courses (24 scr required). Refer to D below for transferred and/or substituted courses.					
PUBH 600	Biostatistics			3	
PUBH 601	Public Health Epidemiology			3	
PUBH 604	Public Health Administration			3	
PUBH 605	Introduction to Environmental Health			3	
PUBH 664	Issues in Public Health			3	
PUBH 660	Health Behavior (Prerequisite PUBH600 or permission)			3	
	Internship or Scholarly Project (Prerequisite 24 scr and permission)			3	
PUBH 685	Seminar in Public Health (Prerequisite 33 scr and permission)			3	
B. Major Courses (12 scr required). Refer to D below for transferred and/or substituted courses.					

Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only
<b>C. Elective Courses (9 scr required from at least two institutions). Refer to D below for transferred and/or substituted courses.</b>					
<b>D. Transferred and/or Substituted Core, Major and/or Elective Courses (0-12 scr). (12 scr required). Attached copies of applicable college catalog descriptions or equivalent documentation. Courses taken at any of the Northwest Ohio Consortium for Public Health schools before admittance to the MPH program are considered transfer credits.</b>					
	For				
	For				
	For				
	For				
<b>Program Total</b>					

**Additional program degree requirements (please check all that apply):**

Thesis
  Seminar  
 Project
  Comprehensive Exam  
 Other (please specify) \_\_\_\_\_
  Other (please specify) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_
  Other (please specify) \_\_\_\_\_

**Meets requirements of Catalog/Year** \_\_\_\_\_

**Comments/Notes/Justification Regarding Transfer and/or Substituted Courses**

  
  
  

**General Approvals:**

_____	_____	_____
Student (printed or typed)	Signature	Date
_____	_____	_____
Advisor (printed or typed)	Signature	Date
_____	_____	_____
Chairman or Program Director (printed or typed)	Signature	Date
_____	_____	_____
Associate Dean, Degree Program (printed or typed)	Signature	Date
_____	_____	_____
Dean or Senior Associate Dean, Graduate College (printed or typed)	Signature	Date