



<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 2 semesters. This plan must be approved by the Advisor and a Co-Director 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: _____			BGSU ID: _____			First Semester Enrolled (term/year): _____		
College: <u>Medicine</u>			Degree: <u>Master of Public Health</u>			Major: <u>Environmental and Occupational Health and Safety Sciences (ENVH)</u>		
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 516	Environmental Health Science, Regulations, and Management			3	
PUBH 664	Issues in Public Health			3	
PUBH 660	Health Behavior (Prerequisite PUBH600 or permission)			3	
PUBH 696 or PUBH697	Internship or Scholarly Project (Prerequisite 24 scr and permission)			3	
PUBH 685	Capstone Seminar (Prerequisite 33 scr and permission)			3	

