

# PLAN OF STUDY

## Northwest Ohio Consortium for Public Health

### Master of Public Health Degree

Name of Student \_\_\_\_\_

S. S. # \_\_\_\_\_ Matriculation Date \_\_\_\_\_

Major: \_\_\_\_\_

**Term Completed  
(Year)**

Course Name	Course	Scr	Fall	Spr	Sum	Grade
<b>A. Required Core Course (24 Scr. Required). Refer to D. below for transferred and/or substituted courses.</b>						
Public Health Statistics (MCO)	PUBH600	3				
Public Health Epidemiology (MCO) (Prerequisite PUBH600 or permission)	PUBH601	3				
Public Health Administration (BGSU)	PUBH604	3				
Introduction to Environmental Health (BGSU)	PUBH605	3				
Issues in Public Health (UT)	HEAL6640	3				
Health Behavior (UT) (Prerequisite PUBH600 or permission)	HEAL6600	3				
Internship OR Scholarly Project (Prerequisite 24 Scr. and permission)		3				
Seminar in Public Health (MCO) (Prerequisite 24 Scr. and permission)		3				
<b>B. Major Courses (12 Scr. Required) Refer to D. below for transferred and/or substituted courses.</b>						
		3				
		3				
		3				
		3				
<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.). Attach 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 credit.</b>						
For						
For						
For						
For						
<b>E. Total Credit Hours</b>						
<b>Total Credit Hours (45 Scr. Required)</b>		<b>45</b>				

**APPROVED BY:**

**Signature**

**Date**

**Student**

\_\_\_\_\_

\_\_\_\_\_

**Program Coordinator  
or Advisor**

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**Program Director**

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**Dean, Graduate School** \_\_\_\_\_