

**MPH Community Health Education Major (42 credits)**  
**Academic Advising and Tracking Form**  
 Department of Public Health-Division of Community Health Studies  
 (Effective Fall 2007)

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Entered: \_\_\_\_\_

**A. Required Public Health Core (15 credits)**

Sem/Yr	Credits	
_____	_____	PUBHLTH 565 Environmental Health Practices
_____	_____	PUBHLTH 601 Principles of Community Health Education
_____	_____	PUBHLTH 620 Principles of Public Health Practice
_____	_____	PUBHLTH 540 Introductory Biostatistics
_____	_____	PUBHLTH 630 Principles of Epidemiology

(If test-out passed or substitution allowed, cross out above and write name of substituted course)

**B. Community Health Education Core (Pick 15 Credits)**

_____	_____	PUBHLTH 602 Community Development
_____	_____	PUBHLTH 603 Group Dynamics
_____	_____	PUBHLTH 608 Communication Theory
_____	_____	PUBHLTH 622 Program Evaluation
_____	_____	PUBHLTH 704 Program Planning
_____	_____	PUBHLTH 690F Social Justice

**C. Community Health Education Electives (6 Credits)**

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**D. PUBHLTH 698 Practicum (3 Credits)**

All MPH students are required to complete a practicum or practice experience (200 hours).  
 The practice experience is meant to represent a meaningful public health experience.

**E. PUBHLTH 696D Culminating Experience: MPH Project or Capstone Course (3 credits)**

Student must complete a M.P.H. project and oral presentation OR do a Capstone Course to integrate and solidify their MPH course work.

MPH Project

Topic: \_\_\_\_\_

Project Advisor: \_\_\_\_\_

Second Faculty: \_\_\_\_\_

Date Proposal Filed: \_\_\_\_\_ Date

Presented: \_\_\_\_\_ Grade: \_\_\_\_\_

Capstone Course

Title: \_\_\_\_\_

Faculty: \_\_\_\_\_

Grade: \_\_\_\_\_

F. Course Credits Approved for Transfer by Graduate Program Director (max of 12 credits)

No more than 6 max from UMass/Worcester, 6 max non-degree, 6 max non-UMass school. Graduate Credits must not have been previously used for a degree, and must carry a "B" or better.

Sem/Yr Taken	Credits	Course Name	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Statute of Limitations

Maximum extension 4 months under extraordinary circumstances.

New SOL Date	Reason for Extension	Faculty Requesting
_____	_____	_____

H. Financial Support Record

RA, TA, traineeship, if available, awarded only in first 4 semesters.

Sem/Yr	Amount	Name of Grant or Other Source	P.I. or Dept. Funds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Advisor Contact Record

When a MPH/MS project is submitted, the chair of the committee becomes the student advisor. This record should be transferred if chair is not the former advisor.

Advisor	Date	Nature of Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Permanent Contact

Name	Address	Telephone	Email address
_____	_____	_____	_____

**Certification of Total Credits Toward Degree/All Requirements Satisfied**

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Date

Copies of all administrative memos related to degree requirements must be stapled to this sheet. This form, attachments, and a copy of the final transcript are filed in the departmental archives.