

# MPH Community Health Education Major (42 credits)

## Academic Advising and Tracking Form

Department of Health Promotion & Policy -- Community Health Education Program

**You are required to meet with your academic advisor at least one time per semester to review progress.**

(Requirements apply to students admitted fall 2018 and after)

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

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

Sem/Yr	Credits	
_____	_____	EHS 565 Environmental Health Practices (Spring 1 <sup>st</sup> year)
_____	_____	HPP 601 Applied Social & Behavioral Theories (Fall 1 <sup>st</sup> year)
_____	_____	HPP 620 Introduction to the US Health Care System (Fall)
_____	_____	BIO 540 Introductory Biostatistics (Fall 2 <sup>nd</sup> year)
_____	_____	EPI 630 Principles of Epidemiology (Fall 1 <sup>st</sup> year)

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

### B. Community Health Education Core Requirements (6 Credits)

Sem/Yr	Credits	
_____	_____	HPP 704 Program Planning (Spring 1 <sup>st</sup> year: Prerequisite for 622)
_____	_____	HPP 622 [705?] Program Evaluation (Fall 2 <sup>nd</sup> year)

### C. Community Health Education Additional Core Courses (9 credits)

Sem/Yr	Credits	
_____	_____	HPP 602 Community Development (Spring 2 <sup>nd</sup> year)
_____	_____	HPP 603 Group Dynamics (Fall 1 <sup>st</sup> year)
_____	_____	HPP 608 Communication Theory (Fall 1 <sup>st</sup> year)

### D. Electives\* (6 Credits)

Sem/Yr	Credits	
_____	_____	_____
_____	_____	_____

\*Students need written approval to take courses outside of public health. This documentation must be sent to the Graduate Program Director

### E. HPP 698 Community Applied Practice Experience (3 Credits)

All MPH students are required to complete the Community Applied Practice Experience (CAPE; 80-100 hours). You will apply public health knowledge and skills in a "real world" setting and demonstrate attainment of selected MPH foundational competencies and CHE concentration competencies evidenced through an e-portfolio. You will register for the CAPE during the fall semester of your second year. We support the CAPE

through a structured course that will meet every other week. You are expected to work with a community or public sector organization to assess public health needs and to prepare your Integrative Learning Experience (ILE) proposal.

**F. HPP 696D Integrative Learning Experience (3 credits)**

You will complete the Integrative Learning Experience (ILE), a written requirement that will demonstrate synthesis of foundation and concentration competencies. As part of this requirement, you will meet with the instructor of record and your cohort bi-monthly during the spring semester of your second year. ILE committees must include the your academic advisor and an additional CHE faculty member.

**ILE Project**

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

DUE: **November 15**, fall second year

**Second faculty member:** \_\_\_\_\_

DUE: **December 15**, fall second year

**Proposal:** \_\_\_\_\_

DUE: **February 1**, spring second year

**Manuscript draft:** \_\_\_\_\_

DUE: **March 15**, spring second year

**Final manuscript:** \_\_\_\_\_

DUE: **April 15**, spring second year

**Oral defense:** \_\_\_\_\_

DUE: **by May 8**, spring second year

**G. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**H. Statute of Limitations (with maximum extension of 4 months under extraordinary circumstances)**

New SOL Date	Reason for Extension	Faculty Requesting
_____	_____	_____

**I. 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
_____	_____	_____	_____
_____	_____	_____	_____

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

**J. Advisor Contact Record**

When an ILE 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**K. Permanent Contact**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**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.