

**UIC SCHOOL OF PUBLIC HEALTH
MASTER OF PUBLIC HEALTH (MPH)**

**Community Health Sciences
PEORIA**

PROGRAM PROPOSAL Check one: Initial Revision

UIN _____ NAME: Last _____ First _____

Advisor _____ Year & Term Matriculated to Degree Program _____

Complete or circle appropriate items below:

- 1 Division: CHS
- 2 Program: PEP MD/MPH MS/MPH
- 3 Track: N/A
- 4 Student Status: PART-TIME FULL-TIME

I. SPH CORE COURSES/CAPSTONE* (20 Semester Hours)

Course #	Title	Term/Year	SH Office Use Only	
BSTT 400	Biostatistics I		4	
CHSC 400	Public Health Concepts and Practice		3	
EOHS 400	Principles of Environmental Health Sciences		3	
EPID 403	Introduction to Epidemiology: Principles and Methods		3	
HPA 400	Principles of Management in Public Health		3	
CHSC 401	Behavioral Sciences in Public Health		3	
IPHS 698**	Capstone Experience (Master's Paper)		1	

Total _____

*If applicable, approved waiver forms must be submitted with initial proposal. Waiver forms are available on the CHS website. Waiver of required courses does not reduce the total hours requirement. A student may need to take additional electives. Although no credit is awarded for waived courses, these courses should be listed in the appropriate section with the word "waived" in the semester hours column. Please refer to the *Student Handbook* for degree program requirements and transfer and waiver procedures.

**Registration for IPHS 698 must occur in the last term of the student's program of study.

II. CHS DIVISION REQUIREMENTS (15 Semester Hours)

Course #	Title	Term/year	SH	Office Use Only
NUPH 509++	Population-Focused Assessment		3	
CHSC 433	Public Health Planning and Evaluation		3	
CHSC 446	Research Methods in Community Health		3	
CHSC 480	Health Education and Health Promotion		3	
	Choose <u>one</u> of the following: CHSC 527, CHSC 543 or HPA 430		3	

++ Equivalent to CHSC 431 Total _____

VIII. TRANSFER OF CREDIT

An approved *Petition for Transfer of Credit* must be submitted with the initial proposal. The transfer eligibility for courses taken at another institution or as a UIC credit non-degree student is determined by the Committee on Academic Progress. These courses cannot have been applied to another degree. List transfer courses below.

UIC Credit Non-Degree (maximum of 12 semester hours):

Course # _____ SH _____ Course # _____ SH _____ Course # _____ SH _____

Course # _____ SH _____ Course # _____ SH _____ Course # _____ SH _____

Name of Institution: _____

Course # _____ SH _____ Course # _____ SH _____ Course # _____ SH _____

Course # _____ SH _____ Course # _____ SH _____ Course # _____ SH _____

IX. SUMMARY – Credit hour total required for graduation:

Proposed SH Office Use Only

SPH CORE COURSES/CAPSTONE-Master’s Paper and oral presentation (I) _____ _____

DIVISION REQUIREMENTS (II) _____ _____

ELECTIVES (III) _____ _____

CAPSTONE-field experience (IV) _____ _____

TRANSFER OF CREDIT (VIII)
 For programs of 47 semester hours or less, no more than 25% of the hours required for the degree may be transferred. For programs of 48 semester hours or more, no more than 50% of the hours required for the degree may be transferred. _____ _____

TOTAL SEMESTER HOURS PROPOSED FOR GRADUATION
 (proposed total may exceed minimum requirements) _____ _____

X. SIGNATURES – In signing this proposal, the student and the division acknowledge that the course of study outlined will comprise the graduation requirements for this student. A revised program proposal must be approved whenever major changes in the program of the student are made (for example, a change in specialization, concentration or division).

Students using human subjects in any research must have approval from the campus Institutional Review Board before they begin data collection. See *SPH Student Handbook* for details.

Student _____ Date _____

Advisor _____ Date _____

CHS Graduate Students Committee Chair _____ Date _____

CHS Division Director _____ Date _____

CHS Academic Coordinator _____ Date _____