

**UIC SCHOOL OF PUBLIC HEALTH  
MASTER OF SCIENCE (MS)  
PROGRAM PROPOSAL**

**Community Health Sciences**

Check one: \_\_\_Initial \_\_\_Revision

UIN \_\_\_\_\_ NAME: Last \_\_\_\_\_ First \_\_\_\_\_

Advisor \_\_\_\_\_ Year & Term Matriculated to Degree Program \_\_\_\_\_

Complete or circle appropriate items below:

1 Division: CHSC

2 Track: \_\_\_\_\_

3 Student Status: PART-TIME FULL-TIME

**I. SPH CORE COURSES\* (Variable Hours)**

Course#	Title	Term/Year	SH	Office Use Only
BSTT 400	Biostatistics I			4
EPID 403	Introduction to Epidemiology—Principles and Methods			3

Total \_\_\_\_\_

\* If applicable, approved waiver forms must be submitted with initial proposal. Waiver forms are available from 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 *CHS Student Handbook* for degree program requirements and transfer and waiver procedures.

**II. DIVISION REQUIREMENTS**

Course#	Title	Term/Year	SH	Office Use Only
CHSC 400	Public Health Concepts and Practice			3
	Choose <u>one</u> of the following: HPA 400, EOHS 400 or CHSC 401			3

Total \_\_\_\_\_



**VI. CONDITIONS OF ADMISSION** - Please list any conditions of admission which the student was to have completed but which were not part of the formal program. If the conditions included taking additional courses, please list them. Student must submit an official transcript (if credit was earned at another institution) as proof of completion. Minimum satisfactory grades must be earned.

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**VII. COMPREHENSIVE EXAMINATION** - Will a Comprehensive Examination be required of this student?  
 No  Yes. If yes, the advisor or division is required to send a memo to the Office of Student Affairs indicating date exam was passed.

**VIII. TRANSFER OF CREDIT** - An approved *Graduate College 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 Graduate College. 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 \_\_\_\_\_

<b>IX. SUMMARY</b> - Credit hour total required for graduation:	<u>PROPOSED SH</u>	<u>Office Use Only</u>
SPH CORE COURSES (I)	_____	_____
DIVISION REQUIREMENTS (II)	_____	_____
ELECTIVES/SEMINARS (III)	_____	_____
MS RESEARCH (IV)	_____	_____
TRANSFER OF CREDIT (VIII)	_____	_____
TOTAL SEMESTER HOURS PROPOSED FOR GRADUATION (proposed total may exceed minimum requirement.)	_____	_____

**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 submitted to the Director of Student Academic Affairs whenever major changes in the program of study are made (for example, a change in specialization, concentration or division).

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

Student_____	Date _____
Advisor _____	Date _____
CHS Graduate Studies Committee Chair _____	Date _____
CHS Division Director _____	Date _____
CHS Academic Coordinator _____	Date _____