

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

**Community Health Sciences  
MCH-Epidemiology Majors**

Check one:  Initial  Revision

PROGRAM PROPOSAL (effective for students entering Fall 2007)

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

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

Complete or circle appropriate items below:

- 1 Division: CHS
- 2 Program: Comp
- 3 Track: MCH-Epidemiology
- 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	
CHSC 401	Behavioral Sciences in Public Health		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	
IPHS 698**	Capstone Experience (Master's Paper)		1	
Total			_____	

\* If applicable, approved waiver forms must be submitted with initial proposal. Waiver forms are available from your division office. 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. DIVISION REQUIREMENTS (Includes CHS and Biostatistics/Epidemiology courses)**

Course #	Title	Term/Year	SH	Office Use Only
<b>CHS Core Courses</b>				
CHSC 431	Community Assessment in Public Health		3	
CHSC 433	Public Health Planning and Evaluation		3	
	Choose <u>one</u> of the following: CHSC 434 or CHSC 446 or PA 540		3-4	
<b>Biostatistics and Epidemiology Core Courses</b>				
BSTT 401	Biostatistics II		4	
EPID 404	Intermediate Epidemiologic Methods		4	
EPID 406	Epidemiologic Computing		2	
	Choose <u>one</u> of the following: EPID 410 (2sh) or EPID 411 (3sh)		2 or 3	
Total			_____	

**III. MCH CONCENTRATION COURSES**

Course #	Title	Term/Year	SH	Office Use Only
EPID/CHSC 545	Reproductive and Perinatal Health		3	
	Choose <u>one</u> of the following: CHSC 548 or EPID 591		2	
	Choose <u>two</u> of the following: CHSC 594 – MCH Health Outcomes and Measurement CHSC 594 – MCH Delivery Systems CHSC 594 – Best Practices in MCH Programs CHSC 543 – MCH Policy and Advocacy		6	

Total \_\_\_\_\_

**IV. ELECTIVES (students may select electives in conjunction with their advisor)**

Course #	Title	Term/Year	SH	Office Use Only

Total \_\_\_\_\_

The MCH-EPI Program requires both a field experience **in a state or local health agency** and the Master’s Paper (with oral presentation) to satisfy the SPH capstone requirements.

**V. CAPSTONE EXPERIENCE—field experience (practicum) IPHS 650 (3 or 5 credits with advisor’s approval)**

Will a field experience be required of this student? \_\_\_No \_\_\_Yes. If yes, number of credits will be \_\_\_\_, expected term/year to be taken is \_\_\_\_\_. Justification of practicum waiver or reduction to 3 credits must be submitted with this proposal.

**VI. CAPSTONE EXPERIENCE—Master’s Paper and oral presentation**

Master’s Paper Topic: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. TRAINING IN HUMAN RESEARCH SUBJECTS PROTECTION (effective for new enrolling students, Fall 2004)**

Type of Training	Title of Training	Date Taken
Initial Training in Human Subject Protections (either the class session or online training may be taken to satisfy the requirements).  If initial training was taken elsewhere, the student needs to contact OPRS for approval and exemption from UIC’s requirement.	<input type="checkbox"/> Investigator 101 – What Researchers Need to Know Before Research Can Start  <input type="checkbox"/> CITI “Core” Course Online  *Other	
HIPAA in Research	HIPAA Research 101	

**VIII. 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 courses. 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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**IX. 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 \_\_\_\_\_

Student's Name \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Course # \_\_\_\_\_ SH \_\_\_\_\_    Course # \_\_\_\_\_ SH \_\_\_\_\_    Course # \_\_\_\_\_ SH \_\_\_\_\_

Course # \_\_\_\_\_ SH \_\_\_\_\_    Course # \_\_\_\_\_ SH \_\_\_\_\_    Course # \_\_\_\_\_ SH \_\_\_\_\_

**X. 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) \_\_\_\_\_

MCH CONCENTRATION COURSES (III) \_\_\_\_\_

ELECTIVES (IV) \_\_\_\_\_

CAPSTONE-field experience in State or Local Health Agency (V) \_\_\_\_\_

TRANSFER OF CREDIT (IX)  
 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) \_\_\_\_\_

**XI. 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 study 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 Studies Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

CHS Division Director \_\_\_\_\_ Date \_\_\_\_\_

CHS Academic Coordinator \_\_\_\_\_ Date \_\_\_\_\_