

UIC SCHOOL OF PUBLIC HEALTH

Community Health Sciences

Check one: ___Initial ___Revision

**JOINT DEGREE in
Master of Public Health (MPH) and
Master of Science (MS) in Nursing Sciences**

PROGRAM PROPOSAL (effective for students entering Fall 2007)

UIN _____ NAME: Last _____ First _____

Advisor _____ Year & Term Matriculated to MPH Degree Program _____

Complete or circle appropriate items below:

1. Division: CHS
2. Student Status: PART-TIME FULL-TIME
3. Campus: Chicago Peoria

I. SPH CORE COURSES/CAPSTONE* (17 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	
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 (12 semester hours)

Course #	Title	Term/Year	SH	Office Use Only
CHSC 431	Community Assessment in Public Health		3	
CHSC 433	Program Planning and Evaluation		3	
CHSC 480	Health Education and Health Promotion		3	
	Choose <u>one</u> of the following: CHSC 527, CHSC 543 or HPA 430		3	

Total _____

III. COLLEGE OF NURSING REQUIREMENTS (23-25 semester hours)

Course #	Title	Term/Year	SH	Office Use Only
NUPH 505 ¹	Nursing Systems Operation Management		3	
NUPH 507	Advanced Community Health Nursing: Introductions and Interventions		4	
NUPH 512	Healthcare Human Resource Management		3	
NUPH 517 ¹	Budget and Finance of Health and Nursing Services		3	
NUSC 526 ²	Nursing Inquiry I		2	
NUSC 527 ²	Nursing Inquiry II		2	
NUSC 528	Health, Environment and Systems		2	
NUSC 529	Issues of Advanced Practice in Nursing		1	
	Choose <u>one</u> of the following: NUSC 597 (3) or NUSC 598 (5)		3-5 credits	

¹Substitutes for HPA 400

Total _____

²Substitutes for CHSC 446

IV. ELECTIVES

Course #	Title	Term/Year	SH	Office Use Only

Total _____

Community Health Sciences requires both a field experience 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. Students who have been approved for the 3-credit field experience are required to take an additional SPH course of at least 2 credits.

VI. CAPSTONE EXPERIENCE-Master's Paper and oral presentation IPHS 698 (1 credit)

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.

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. 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. 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 _____

X. SUMMARY - Credit hour total required for graduation:	<u>Proposed SH</u>	<u>Office Use Only</u>
SPH CORE COURSES/CAPSTONE-Master's Paper and oral presentation (I)	_____	_____
DIVISION REQUIREMENTS (II)	_____	_____
COLLEGE OF NURSING REQUIREMENTS (III)	_____	_____
ELECTIVES (IV)	_____	_____
CAPSTONE-field experience only (V)	_____	_____
TRANSFER OF CREDIT (IX)	_____	_____
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_____