

**UIC SCHOOL OF PUBLIC HEALTH
 MASTER OF SCIENCE (MS)
 PROGRAM PROPOSAL** (effective for students entering Fall 2007)

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 _____

V. 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	

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.

VII. COMPREHENSIVE EXAMINATION - Will a Comprehensive Examination be required of this student?
 X 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 _____

IX. SUMMARY - 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 _____