

**UIC SCHOOL OF PUBLIC HEALTH
DOCTOR OF PHILOSOPHY (PhD)**

**Community Health Sciences
MCH-Epidemiology Majors**
Check one: Initial Revision

PROGRAM PROPOSAL (effective Fall 2007)

UIN# _____ NAME: Last _____ First _____

Advisor _____ Year & Term Matriculated to Degree Program _____

Complete or circle appropriate items below:

- 1 Division: CHS
- 2 Student status: PART-TIME FULL-TIME
- 3 Masters earned at what institution/year _____
- 4 Type of Masters earned/discipline _____

I. SPH CORE COURSES (4 sh. If student has not taken BSTT 400 or EPID 403, these must be taken also.)

Course #	Title	Term/Year	SH	Office Use Only
BSTT 401	Biostatistics II		4	

Total _____

Is student required to take BSTT 400? Yes No.

Is student required to take EPID 403? Yes No.

II. MAJOR AREA OF CONCENTRATION: MCH-Epidemiology
(11 semester hours of formal 500-level courses)

Course #	Title	Term/Year	SH	Office Use Only
CHSC/EPID 545	Reproductive and Perinatal Health		3	
CHSC 548	Readings in Reproductive and Perinatal Epidemiology		2	
EPID 501	Advanced Quantitative Methods in Epidemiology		3	
	Choose <u>one</u> of the following: CHSC 543 – MCH Policy and Advocacy CHSC 594 – Best Practices in MCH Programs		3	

Total _____

III. COLLATERAL AREA: Research Methods
(22-26 semester hours. At least 6 semester hours of formal 500-level courses)

Course #	Title	Term/Year	SH	Office Use Only
PA 541	Advanced Data Analysis I. If PA 541 is not available, may take <u>one</u> of the following: PSCH 545, PA 542, ED 501, <u>OR</u> ED 503.		3-4	
	Choose <u>one</u> of the following: PA 588 <u>OR</u> BSTT 440		2-3	
CHSC/EPID 549	Advanced Applied Methods in MCH Epidemiology		3	
EPID 404	Intermediate Epidemiologic Methods		4	
EPID 406	Epidemiologic Computing		2	
	Choose <u>one</u> of the following: EPID 410 <u>OR</u> EPID 411		2-3	
	Choose <u>one</u> of the following: CHSC 434 <u>OR</u> PA 540		3-4	
CHSC 551	Foundations of Public Health Inquiry		3	

Total _____

IV. SEMINARS/ELECTIVES (List only courses beyond masters degree. 5 semester hours plus 4-6 sh of electives. Depending on student's background, one of the elective courses must be in the biological sciences.)

Course # Title	Term/Year	SH	Office Use Only	
	Choose <u>one</u> of the following: EPID 591 (2sh) <u>OR</u> CHSC 595 (1sh) <u>OR</u> EPID 595 (1)		1-2	
	Biological Sciences Elective (if needed)		2-3	

Total _____

Is student required to take biological sciences elective? ____Yes ____No.

V. PhD RESEARCH - IPHS 599 (32 semester hours minimum. Do not list research taken for 0 credit hours.)

Course # Title	Term/Year	SH	Office Use Only	

Total _____

Name of State or Local Health Agency student conducted dissertation research with:

VI. CREDIT FOR MASTERS DEGREE

Will student receive 32 hours of credit for related masters toward PhD? ____Yes ____No.

Year earned Masters Degree _____, Institution _____, Discipline _____

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. OTHER TRANSFER CREDIT - Additional credit from the Credit Non-Degree Program or another institution beyond the masters. These courses cannot have been applied to another degree. An approved *Graduate College Petition for Transfer of Credit* must be submitted with initial proposal. The transfer eligibility for these courses is determined by the Graduate College.

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

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

Credit from Other Institutions (maximum of 16 semester hours):

Name of Institution: _____

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 for graduation.

	<u>PROPOSED SH</u>	<u>Office Use Only</u>
SPH CORE COURSES (I)	_____	_____
MAJOR AREA OF CONCENTRATION (II)	_____	_____
COLLATERAL AREA (III)	_____	_____
SEMINARS/ELECTIVES (IV)	_____	_____
PhD RESEARCH (V)	_____	_____
CREDIT FOR MASTERS DEGREE (VI)	_____	_____
OTHER TRANSFER CREDIT (VIII)	_____	_____
TOTAL SEMESTER HOURS PROPOSED FOR GRADUATION (Min. required: 106-113 shs*)	_____	_____

*A student can petition to change any of the listed MCH-EPI requirements or replace any one of them with another course. Any required course may be waived on the basis of prior education or experience. If students who waive courses still have 96 credits to graduate, they do not need to replace the waived courses. If students waive courses, but still need more courses

to reach 96 credits, they can replace the waived courses with either thesis hours or methods courses. However, preliminary examinations may be taken before completing these replacement credits.

X. TEACHING EXPERIENCE

Will a teaching experience be required of this student? ____No ____Yes

Date of anticipated teaching experience_____

Description of proposed experience (Note: Program proposal must be re-filed with Office of Student Affairs when this section is completed.)

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_____