SDSU Graduate School of Public Health

##### Official Program of Study and Advancement to Candidacy for an Advanced Degree

**MPH in Environmental Health**

Last Name First Middle Red ID

Street Address Apartment Number EMAIL

City State Zip Code Telephone Number

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| --- | --- | --- | --- | --- | --- |
| **Department/Course #** | **Course Title** | Units | Grade |  | Undergraduate Deficiencies |
| PH 601 | Epidemiology | 3 |  |  | **Department/Course #** |  | **Units** |
| PH 602 | Biostatistics | 3 |  |  |  |  |  |
| PH 603 | Behavioral and Soc Sci In Pub Hlth | 3 |  |  |  |  |  |
| PH 604 | Environ Determinants of Human Hlth | 3 |  |  |  |  |  |
| PH 605 | Health Services Administration | 3 |  |  |  |  |  |
| PH 632 | Air Quality | 3 |  |  | **Special Requirements**Indicate any special programmatic requirements for which the Graduate Division should obtain written confirmation of of of fulfillment prior to advancement or graduation.❒ Reading knowledge of a foreign language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specify language or substituteRequire for advancement ❒ graduation ❒❒ Report of thesis defense |
| PH 634 | Environmental Protection | 3 |  |  |
| PH 636 | Hazardous Waste Management | 3 |  |  |
| PH 638A | Principles of Toxicology | 3 |  |  |
| PH 639 | Water Quality | 3 |  |  |
| PH 650R | Field Practice, Environmental Health | 3 |  |  |
| PH 750D | Advanced Field Practice, Envir Health | 3 |  |  |
| See Grad Bulletin | *(Prescribed Elective)* | 3 |  |  |
| See Grad Bulletin | *(Prescribed Elective)* | 3 |  |  |
| See Grad Bulletin | *(Prescribed Elective)* | 3 |  |  |
| PH 797 | Thesis Research | 3 |  |  |
| *(PH 798)* | *If plan B, see below* | *(3)* |  |  |
|  |  |  |  |  |
| **List transfer coursework below**Indicate university, course abbreviation, number, title and units |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | *(consult with advisor for Plan A or Plan B)* |  |  |  |  |  |
| Plan A ❒PH 799A  | Thesis or Dissertation | *(3)* |  |  |  |
| Plan B ❒PH 798 | Manuscript Option in lieu of thesis (report of exam required) |  |  |  |  |  |  |

 Total **\_\_(51)\_\_\_\_\_\_**

I have read and accept this program of study (sign and date below)

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

I approve this program of study (print name and sign below)

**Student has met all programmatic requirements and is recommended for advancement to candidacy ❒**

Graduate Adviser (Penelope Quintana)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Graduate Research and Affairs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date