SDSU Graduate School of Public Health

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

**MS in Environmental Health Sciences**

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 604 | Environ Determinants of Human Hlth | 3 |  |  |  | | | | |  |  | |
| PH 638A | Principles of Toxicology | 3 |  |  |  | | | | |  |  | |
| PH 639 | Water Quality | 3 |  |  |  | | | | |  |  | |
| See Grad Bulletin | *(Prescribed Elective)* | 3 |  |  |  | | | | |  |  | |
| See Grad Bulletin | *(Prescribed Elective)* | 3 |  |  |  | | | | |  |  | |
| See Grad Bulletin | *(Prescribed Elective)* | 3 |  |  |  | | | | |  |  | |
| See Grad Bulletin | *(Prescribed Elective)* | 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 substitute  Require for advancement ❒ graduation ❒  ❒ Report of thesis defense | | | | | | | |
| PH 797 | Thesis Research | 3 |  |  |
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| **List transfer coursework below**  Indicate university, course abbreviation, number, title and units | | | |  |
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|  | *(consult with advisor for Plan A or Plan B)* |  |  |  |  |  | |
| Plan A XX❒  PH 799A | Thesis or Dissertation | *(3)* |  |  |  | | | | | | |
| Plan B ❒  PH 798 | Manuscript Option in lieu of thesis (report of exam required) |  |  |  |  | |  | |  | | |

Total **\_\_(36)\_\_\_\_\_\_**

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