SDSU Graduate School of Public Health

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

**MPH in Health Promotion & Behavioral Science**

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 605 | Health Services Administration | 3 |  |  |  |  |  |
| PH 607 | Research Meth & Proposal Wrtg | 3 |  |  |  |  |  |
| PH 650R | Field Practice, HP&BS | 3 |  |  |  |
| PH 661 | Theoretical Foundations of H P | 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 662 | Motivating Health Behavior | 3 |  |  |
| PH 663 | H P Com Theory & Design | 3 |  |  |
| PH 666 | H P Program Plan & Assessment | 3 |  |  |
| *See Grad Bulletin* | *Prescribed Elective*  | *(3)* |  |  |
| *See Grad Bulletin* | *Prescribed Elective* | *(3)* |  |  |
| *(choose w/adviser)* | *Elective* | *(3)* |  |  |
| *(choose w/adviser)* | *Elective* | *(3)* |  |  |
| *(choose w/adviser)* | *Elective* | *(3)* |  |  |
| *(choose w/adviser)* | *Elective* | *(3)* |  |  |
|  | *(PH 798 if Plan B, below)* | *(3)* |  |  |
|  |  |  |  |  |
| **List transfer coursework below**Indicate university, course abbreviation, number, title and units |  |
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| Plan A ❒799A  | Thesis or Dissertation | 3 |  |  |  |
| Plan B ❒ | Final comprehensive exam 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