

**GRADUATE APPROVED PROGRAM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Number and Street City, State Zip code

Local Telephone Number: \_\_\_\_\_

Social Security No: \_\_\_\_\_

**Degree Objective:**  
**Official Degree Title from *Bulletin***  
  
**Master of Public Health**

The program requirements listed below are from the *University Bulletin* for the year:

**THE DEGREE REQUIREMENTS LISTED BELOW MUST BE COMPLETED BY:** \_\_\_\_\_

**Note:** Upon approval of the GAP read graduate Academic Policies and Procedure section in the *Bulletin* regarding conditions for maintaining its validity.

COURSE PREFIX AND NO.	COURSE TITLE <small>•**Transfer work must be evaluated by the University prior to filing this form-</small>	SEMESTER UNITS	TERM REQUIRED	INSTITUTION (if transfer)*	GRADE	INPROG. ORTODO
HED 815	Theories of Social and Behavioral Change in Community Health Education	3				
HED 810	Public Health and Principles of Community Organizing	3				
HED 811	Public Health and Principles of Community Organizing Practicum	1				
HED 829	Biostatistics	3				
HED 890	MPH Seminar	1				
HED 820	Needs Assessment in Community Health Education	3				
HED 821	Needs Assessment Practicum	1				
HED 825	Epidemiology	3				
HED 890	MPH Seminar	1				
HED 830	Program Planning for Community Change	3				
HED 831	Program Planning Practicum	1				
HED 835	Public Health Policy	3				
HED 890	MPH Seminar	1				
HED840	Program Evaluation Design and Research	3				
HED 841	Program Evaluation Practicum	1				
HED 845	Training and Education Process	3				
HED 890	MPH Seminar	1				
HED 892	Supervised Field Internship	3				
HED 850	Health Administration and Management	3				
HED 851	Health Administration Practicum	1				
HED 855	Environmental Health	3				
HED 890	MPH Seminar	1				
HED 895	Culminating Experience	3				
HED 890	MPH Seminar	1				
	<b>Elective (3 units)</b>	3				

Minimum Total Units

AND  
 Report of Completion:  HED 895 Field Study

GRADUATE MAJOR ADVISER: Please check off below the manner by which this student has or will have satisfied written English proficiency in your graduate program, i.e. ability to write in a scholarly manner in the major field.

SECOND LEVEL TO BE COMPLETED BY:  
 (A Report"form must be filed with the Graduate Division when completed)

HED 892 Supervised Field Internship

THIS GRADUATE APPROVED PROGRAM REPRESENTS ADVANCEMENT TO CANDIDACY FOR A GRADUATE DEGREE.

GRADUATE ADVISER (Required): \_\_\_\_\_

SCHOOL GRADUATE COMMITTEE (Required): \_\_\_\_\_

\_\_\_\_\_  
Type/Print last name Signature Date

\_\_\_\_\_  
Type/Print last name Signature Date

\_\_\_\_\_  
Dean of the Graduate Division Date