**UIC SCHOOL OF PUBLIC HEALTH**

**MASTER OF PUBLIC HEALTH (MPH)**

PROGRAM PROPOSAL Check one:  Initial  Revision

UIN#:

NAME: Last:

First:

Advisor:

Year & Term Matriculated to Degree Program:

Complete or circle appropriate items below:

1. Division: BSTT CHSC EOHS EPID HPA

2. Program: PEP Comp.

3Concentration:

4. Student Status: PART-TIME FULL-TIME

**I.** **SPH CORE COURSES** (**18-20 semester Hours)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course#** | **Title** | **Term/Year** | **SH** |
| IPHS 401 | Determinants of Population Health |  | 4 |
| IPHS 402 | Analytic and Research Methods |  | 6 |
| IPHS 403 | Public Health Systems |  | 4 |
| IPHS 650 | Applied Practice Experience |  | 3-5 |
| IPHS 698\*\* | Integrative Learning Experience |  | 1 |

Total SH:

\* If applicable, approved waiver forms must be submitted with initial proposal. Waiver forms are available from your division office. Waiver of required courses does not reduce the total hours requirement. A student may need to take additional electives. Although no credit is awarded for waived courses, these courses should be listed in the appropriate section with the word “waived” in the semester hours column. Please refer to the *Student Handbook* for degree program requirements and transfer and waiver procedures.

\*\* Registration for IPHS 698 must occur in the last term of the student’s program of study.

Student’s Name

**II. DIVISION REQUIREMENTS**

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| --- | --- | --- | --- | --- | --- | --- |
| **Course#** | **Title** | | **Term/Year** | | **SH** | |
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**III. Concentration Specific Requirements**

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| --- | --- | --- | --- |
| **Course#** | **Title** | **Term/Year** | **SH** |
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Total SH :

**IV. ELECTIVES**

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| **Course#** | **Title** | **Term/Year** | **SH** |
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Total SH:

Student’s Name:

**IV. Applied Practice Experience - IPHS 650 (3-5 hours)**

Competencies selected (at least five competencies must be selected with three being foundational competencies.

Competency #1:

Competency #2:

Competency #3 (foundational):

Competency #4 (foundational):

Competency #5 (foundational):

**V. ILE EXPERIENCE - IPHS 698 (1 hour)**

essay/written report

oral presentation

poster session

other (explain)

ILE Experience topic:

**VI. TRAINING IN HUMAN RESEARCH SUBJECTS PROTECTION (effective for new enrolling students, Fall 2004)**

|  |  |
| --- | --- |
| **Type of Training** | **Date Taken** |
| **1**. Information Privacy & Security (IPS)  \*If initial training was taken elsewhere, the student needs to contact OPRS for approval and exemption from UIC’s requirement. |  |
| **2**. Human Subjects Research (HSR) |  |
| **3.** Title IX Training |  |
| **4.** SPH Academic Integrity Tutorial |  |

**VII. CONDITIONS OF ADMISSION**

Please list any conditions of admission which the student was to have completed but which were not part of the formal program. If the conditions included taking additional courses, please list courses. Student must submit an official transcript (if credit was earned at another institution) as proof of completion. Minimum satisfactory grades must be earned.

**VIII. TRANSFER OF CREDIT** - An approved *Petition for Transfer of Credit* must be submitted with the initial proposal. The transfer eligibility for courses taken at another institution is determined by the Committee on Academic Programs. These courses cannot have been applied to another degree. List transfer courses below.

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

Course #           SH           Course #           SH           Course #           SH     

Course #           SH           Course #           SH           Course #           SH

Name of Institution:

Course #           SH           Course #           SH           Course #           SH

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**IX. SUMMARY - Credit hour total required for graduation:**

PROPOSED SH

SPH CORE COURSES (I)

DIVISION REQUIREMENTS (II)

ELECTIVES (III)

TRANSFER OF CREDIT (VIII)

For programs of 47 semester hours or less, no more than 25% of the hours

required for the degree may be transferred. For programs of 48 semester hours

or more, no more than 50% of the hours required for the degree may be transferred.

TOTAL SEMESTER HOURS PROPOSED

FOR GRADUATION (proposed total may

exceed minimum requirements)

**X. 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 submitted to the Office of Student Affairs whenever major changes in the program of study are made (for example, a change in specialization, concentration or division).

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Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

Revised 10/22