**umlogoThe University of Montana**

**College of Health Professions and Biomedical Sciences**

**School of Public and Community Health Sciences**

**Certificate of Public Health Proposed Plan of Study Form**

Directions (for CPH applicants only): Once your plan of study has been decided, please fill out the information below, sign and submit this form with your application packet. Upon receipt of the application, the Department Chair signs your plan of study. Upon acceptance into the program, you are assigned a faculty advisor who will discuss your plan of study with you and sign approval of your plan of study.

Name:

For which semester and year are you applying to begin the program:

CPH students must take a minimum of three core (3) PUBH courses, and may take one (1) PUBH elective course if desired.

Please check the core courses from the listing below that will constitute your CPH program and indicate the semester and year in which you plan to take the courses.

|  |  |  |  |
| --- | --- | --- | --- |
| **Core PUBH Courses** | **✓ if yes** | **Semester** | **Year** |
| PUBH 510 Introduction to Epidemiology (Spring) ***or***  PUBH 511 History and Theory of Epidemiology (Fall) |  |  |  |
| PUBH 520 Fundamentals of Biostatistics |  |  |  |
| PUBH 530 **Administration and Management in the U.S. Health Care System** |  |  |  |
| PUBH 535 Health Policy |  |  |  |
| PUBH 540 Social and Behavioral Sciences in Public Health |  |  |  |
| PUBH 550 Program Evaluation and Research Methods (Summer odd years) ***or*** PUBH 525 Multicultural & Native American Public Health (Fall) |  |  |  |
| PUBH 560 Environmental and Rural Health |  |  |  |
| PUBH 570 Ethical Issues in Public Health |  |  |  |
| **Elective Course: CPH Students may take ONE PUBH elective course** |  |  |  |
| PUBH |  |  |  |

I agree to take the above checked courses. Should I wish to make any changes to my plan of study, I will contact my advisor to seek his/her permission and approval.

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(CPH applicant’s signature)

I approve the applicant’s proposed plan of study.

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

(Departmental Chair or Vice-Chair – initial signature upon receipt of application)

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

(SPCHS Core Faculty Advisor’s signature upon acceptance to program)