*This plan of study must be completed by the student AND advisor each semester.*

*Please drop off or send an updated electronic copy of this form to the Upstate MPH office.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  |  | Upstate ID # |  |  |
| E-Mail |  |  | Current Advisor |  | |
| Year in Program |  |  | Expected Graduation |  | |

**CORE COURSES *(15 CREDITS)***

Semester Semester/year Semester/year

Course Course Title Credits Offered Grade Completed Planned

MPHP 601 Principles of Epidemiology 3 (F, Su) \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

MPHP 602 Principles of Biostatistics 3 (F, Su) \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

MPHP 603 Principles of Environ Health 3 (Spr) \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

MPHP 604 Social & Behavioral

Dimensions of Public Health 3 (F) \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

MPHP 607 Public Health Foundations 3 (F) \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_

**Total Credits completed above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDITIONAL COURSES**

Semester/year

Course Course Title Credits Grade Completed

MPHP \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_

MPHP \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_

Transferred in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_

Transferred in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_

**Please list the service /volunteer activities that you are involved with:**