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

*Please send an updated electronic copy of this form to Dr. Michaele E. Webb at* [*webbmi@upstate.edu*](mailto:webbmi@upstate.edu)*.*

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

|  |
| --- |
| **Suggested Course Sequence** |
| **Summer, Year 1** |
| MPHP 601 – Principles of Epidemiology (3 Credits) |
| MPHP 602 – Principles of Biostatistics (3 Credits) |
| MPHP 698 – Applied Practice Experience (0 Credits) |
| **Fall, Year 1** |
| MPHP 604 – Social/Behavioral Dimensions, Pub Health (3 Credits) |
| MPHP 607 – Public Health Foundations (3 Credits) |
| MPHP 657 – Public Health Research Methods (3 Credits) |
| MPHP 660 – Program Planning & Evaluation (3 Credits) |
| MPHP 698 – Applied Practice Experience (0 Credits) |
| MPH Elective (3 Credits) |
| **Spring, Year 1** |
| MPHP 603 – Principles of Environmental Health (3 Credits) |
| MPHP 606 – Public Health Policy (3 Credits) |
| MPHP 649 – PH & Biopsychosocial Primary Care (3 Credits) |
| MPHP 655 – Advanced Epidemiology (2.5 Credits) |
| MPHP 698 – Applied Practice Experience (3 Credits) |

**DEGREE REQUIREMENTS**

**FOUNDATIONAL COURSES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number** | **Course Title** | **Credits** | **Semester** | **Anticipated Completion** | **Actual Completion** | **Grade** |
| MPHP 601 | Principles of Epidemiology | 3 | F, Su | Sum, Year 1 |  |  |
| MPHP 602 | Principles of Biostatistics | 3 | F, Su | Sum, Year 1 |  |  |
| MPHP 603 | Principles of Environmental Health | 3 | Spr | Spring, Year 1 |  |  |
| MPHP 604 | Social/Behavioral Dimensions, Pub Health | 3 | F | Fall, Year 1 |  |  |
| MPHP 606 | Public Health Policy | 3 | Spr | Spring, Year 1 |  |  |
| MPHP 607 | Public Health Foundations | 3 | F | Fall, Year 1 |  |  |
| MPHP 657 | Public Health Research Methods | 3 | F | Fall, Year 1 |  |  |
| MPHP 660 | Program Planning & Evaluation | 3 | F | Fall, Year 1 |  |  |

**CONCENTRATION COURSES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number** | **Course Title** | **Credits** | **Semester** | **Anticipated Completion** | **Actual Completion** | **Grade** |
| MPHP 649 | PH & Biopsychosocial Primary Care | 3 | Spr | Spring, Year 1 |  |  |
| MPHP 655 | Advanced Epidemiology | 2.5 | Spr | Spring, Year 1 |  |  |

**APPLIED PRACTICE EXPERIENCE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number** | **Course Title** | **Credits** | **Semester** | **Anticipated Completion** | **Actual Completion** | **Grade**  **P/F** |
| MPHP 698 | Applied Practice Experience | 3 | Su, F, Spr | Spring, Year 1 |  |  |

**ELECTIVES**

***(Students must complete 3 credit hours of electives)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number** | **Course Title** | **Credits** | **Semester** | **Anticipated Completion** | **Actual Completion** | **Grade** |
|  |  |  |  |  |  |  |

**Note**: All MD/MPH students in the Population Health for Clinicians Concentration are required to take 3 hours of elective credits. They can opt to take any elective course they choose, as long as they have already completed the pre-requisites for the courses that they select. Students should work with their Academic Advisor to determine which elective course fits best with their career goals and plan of study. Please consult the class schedule for a complete list of electives offered each semester.

**COMPREHENSIVE EXAM**

|  |  |  |
| --- | --- | --- |
| **Comprehensive Exam** | **Anticipated** | **Completed** |
| Comprehensive, Written Exam | Fall, Year 2 |  |

**ACCEPTED MEDICAL SCHOOL COURSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number** | **Course Title** | **Credits** | **Completed** | **Grade** |
| PRVM 6400 | Population Health for Physicians | .5 |  |  |
| CBHX 2400 | Clinical Bioethics | 1 |  |  |
| MPTP 101 | Patients to Populations | 2.5 |  |  |
| MFRM 201 | FRM II | 2.5 |  |  |

|  |
| --- |
| **STUDENT SERVICE / VOLUNTEER EXPERIENCE**  ***Please use this section to outline service activities (outside of MPH Program Course Work) in which you are involved.*** |
|  |

**\* *Please note that while volunteer experience is strongly encouraged, it is not required to graduate.***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **As of today’s date** |  | **student has completed** |  | **credits.** | | | *A minimum of 42 credits required for graduation.* | | | | | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Student Signature & Date Advisor Signature & Date*

**Please email this form to Dr. Michaele Webb at** [**webbmi@upstate.edu**](mailto:webbmi@upstate.edu)**.**