DEPARTMENT OF COMMUNITY HEALTH
APPROVED PROGRAM OF STUDY
MASTER OF SCIENCE – COMMUNITY HEALTH
INITIAL ENROLLMENT PLAN:

- Full-time
- Part-time A
- Part-time B
- Alternate (does not fit either template)

All courses are three (3) credits unless otherwise indicated

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>SEMESTER</th>
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<tbody>
<tr>
<td>HLTH 600 Social/Behavioral Determinants</td>
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<tr>
<td>HLTH 605 Biostatistics</td>
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<td>HLTH 610 Epidemiology</td>
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<td>HLTH 620 Current Topics in Rural Health</td>
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<td>HLTH 625 Research &amp; Assessment</td>
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<td>HLTH 630 Health Disparities</td>
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<td>HLTH 640 Program Planning</td>
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<td>HLTH 645 Program Evaluation</td>
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<td>HLTH 651 Environmental &amp; Occupational Health</td>
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<td>HLTH 655 Policy &amp; Management</td>
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<tr>
<td>HLTH 690 Internship I</td>
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<td>HLTH 696 Professional Project I</td>
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<td>HLTH 697 Professional Project II</td>
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<td>Elective 1</td>
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<td>Elective 2 (optional)</td>
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Comments: _________________________________________

Adviser Signature ___________________________ Date _____________

Student Name Printed __________________________ Student ID Number ____________

Student Signature ___________________________ Date _____________

Distribution: 1) Graduate Studies  2) Adviser  3) Student