

PROGRAM OF STUDY: MASTER'S

<p>Name: _____</p> <p>K-State eID: _____</p> <p>Student Number (WID): _____</p> <p>Degree Program: Master of Public Health</p> <p>College: <input type="checkbox"/> AG <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> BA <input type="checkbox"/> ED <input type="checkbox"/> EN <input type="checkbox"/> HE <input type="checkbox"/> TC <input checked="" type="checkbox"/> VM </p>	<p>Master's Thesis <input type="checkbox"/></p> <p>Master's Report <input type="checkbox"/></p> <p>All Coursework <input checked="" type="checkbox"/></p>
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Course Number	Course Title	Credit Hours	Semester Taken
Example: AGRON101	Example: Basic Introduction	Example: 3	Example: S05

Review instructions on page 2 prior to completing.

MPH 701	Fundamental Methods of Biostatistics	3	
MPH 720	Administration of Health Care Organizations	3	Semester & year
MPH 754	Introduction to Epidemiology	3	
MPH 802	Environmental Health	3	
MPH 818	Social and Behavioral Bases of Public Health	3	
MPH 840	Public Health Practice (List all 6 hours together even if split between 2 semesters)	6	

The MPH core classes listed above are never waived unless the exact course has been taken.

In the remaining space list the emphasis area required and elective classes. Emphasis area classes are listed on the MPH website: <https://www.k-state.edu/mphealth/> (see "Areas of Emphasis" [left hand side menu] and select area).

Once POS is submitted and approved any change to the courses listed require a change form. If the course is taken in a different semester than listed, **no** change form is required.

Total number of credits for MPH degree is 42 including any transfer credits listed below.

Total KSU credits _____

Notes: The MPH has certain classes that are required and checked by the Graduate School. If you have taken the required class(es) as an undergraduate, or your committee agrees to a waive a class and allow you to take a different one for your specific needs, you must document it on the POS. Typical statements used are:

1. "Student allowed to take [list class] in lieu of [list MPH required class]" or
2. "Student allowed to enroll in [list class] as an elective because it meets their career goals" or
3. "Up to 12 hours of transfer credit is allowed from [list degree, ex DVM/ degree at K-State]. These credits fulfil the requirements for [list MPH classes and then the class and credit amount from DVM curriculum]."

Transfer Credit(s) - Indicate where/when transfer courses and/or degree work was/will be completed. Official transcript required.

	Put any statements in this area.		
	Document K-State DVM credits in this area as the credits are "reviewed" from the CVM degree program in KSIS.		
	Document any "shared" credits between another master or PhD degree as allowed by the Graduate Handbook.		

TRANSFER

Total transfer credits _____

Total number of credits MUST be 42 including transfer credits

Supervisory Committee

The signatures below signify agreement between the student and the Supervisory Committee for composition of the program of study, approval by the graduate program, and approval by the Dean of the Graduate School.

Names & Depts (printed)

Signatures

Student	Dept.	Student
Major Professor	Dept.	Major Professor
Supervisory Committee Member	Dept.	Supervisory Committee Member
Supervisory Committee Member	Dept.	Supervisory Committee Member
Supervisory Committee Member	Dept.	Supervisory Committee Member
Supervisory Committee Member	Dept.	Supervisory Committee Member
Ellyn Mulcahy	MPH	
Dept Head / Graduate Program Director	Dept.	Dept Head / Graduate Program Director

Dean of the Graduate School (Signature):

Dean of the Graduate School

Date

Typed copies of the program signed by the student, major professor, committee members, and the department head or group chairperson are forwarded to the *Dean of the Graduate School, 103 Fairchild Hall*. (Department head or graduate program director signs twice if also a committee member.)

RESEARCH APPROVAL

Review and approval by a federally mandated Compliance Committee is required for all research activities that involve the use of subjects or materials as listed below. Please indicate if your research involves any of these and the Compliance Committee's approval number. If you have not yet received approval, you must do so before beginning any research activities. The Compliance Office is located in *Room 203 Fairchild Hall*. Information is available at <http://www.k-state.edu/research/comply/>.

Does your program involve: **Must answer or POS will not be processed. If you do not know answer "No". You can always apply for an IRB or IACUC if you need one for your Applied Practice Experience (APE).**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Human Subjects. (Institutional Review Board) IRB# _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Radioactive Materials. (Radiation Safety Committee)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Live vertebrates. (Institutional Animal Care and Use Committee) IACUC# _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Biohazards including recombinant DNA and infectious Agents (Institutional Biosafety Committee) IBC# _____

INSTRUCTIONS

A full-time student must file a program before the end of the second semester of graduate study, and part-time students must do so upon completion of 9 credit hours. **If courses have already been taken, department codes, course numbers, course names, credits earned, and the semesters taken should be listed on the program of study as they appear on the transcript(s). Master's research hours should be listed on one line with the total sum of credits.** Do not include course work earned more than six years prior to the semester this program is submitted.

SUBMISSION

Form to be submitted to the *Dean of the Graduate School, 103 Fairchild Hall*.

**The
Graduate
School**

**Kansas State
University**