

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_

Dept: Public Health Education Major: Community Health Education

**PLAN OF STUDY for the  
MPH in Community Health Education**

**Summary of Hours Required for Degree:** UNCG \_\_\_\_\_ Transfer \_\_\_\_\_ Total 45 hours

**MAJOR AREA OF STUDY**

Course Number	Course Title	Credit Hours	Semester/Year Taken
<b>Core Courses</b>			
HEA 601	Principles of Community Health Education	3	
HEA 602	Epidemiology	3	
HEA 604	Public Health Statistics	3	
HEA 608	Environmental Health	3	
HEA 612	Management of Community Health Organizations	3	
HEA 645	Health Policy	3	
<b>Required Professional Courses</b>			
HEA 603	Community Health Analysis	3	
HEA 609	Community Health Interventions	3	
HEA 625	Community Health Research and Evaluation	3	

**SUPPORTING COURSES** (3 required electives- 9 semester hours)

Course Number	Course Title	Credit Hours	Semester/Year Taken
		3	
		3	
		3	
optional		3	

**COURSES RECOMMENDED FOR TRANSFER FROM:**

(Name of Institution. Attach final official transcript)

Course Number	Course Title	Credit Hours	Semester/Year Taken

(Students may transfer up to 1/3 of required credit hours depending on the fit of the courses from another institution with the required MPH program plan of study.)

**COURSES REQUIRED BUT NOT COUNTED TOWARD DEGREE** (include prerequisites):

Course Number	Course Title	Credit Hours	Semester/Year Taken

**CAPSTONE EXPERIENCE TO CONSIST OF:**

Course Number	Course Title	Credit Hours	Semester/Year Taken
HEA 648	Applied Program Planning	3	
HEA 650	Community Health Internship / Practicum	6	

**PROVISIONAL /ADDITIONAL REQUIREMENTS:**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Major Advisor and Graduate Program Director

Major Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_