**MPH APPLICATION FOR HEA649 - APPLIED LEARNING EXPERIENCE I**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MPH Track: **ENVIRONMENTAL HEALTH**

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| **Instructions:**  Please complete this form and return it to your Applied Learning Experience Faculty Advisor at the beginning of the semester. At least 30 credits will need to be completed at the start of Applied Learning Experience I. A cumulative GPA of 3.00 is required at the start of Applied Learning Experience I. Attach a current copy of student transcript to this form. |
| **STUDENT INFORMATION** |
| Student:      Student I.D. Number      Address:                   Phone:        Cell Phone:       | Cumulative GPA at the start of Applied Learning Experience I:      Applied Learning Experience I scheduled for:Fall [ ]  Spring [ ]  Summer [ ]  Year       Number of Completed Credits:       |

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| **COMPLETED MPH CORE COURSES** |

 **Semester Year**

**Course Credits Completed Completed** **Grade**

HEA520 Public Health Epidemiology 3 Fall/Spring

HEA526 Biostatistics for Public Health 3 Fall/Spring

ENV530 General Environmental Health 3 Fall/Spring

HEA516 Health Care Management 3 Fall/Spring

HEA632 Social and Behavioral Aspects of Health 3 Fall/Spring

HEA648 Research Methods in Public Health 3 Fall/Spring

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| **COMPLETED ENVIRONMENTAL HEALTH TRACK REQUIRED COURSES** |

 **Semester Year**

**Course Credits Completed Completed Grade**

ENV524 Industrial Hygiene 3 Fall

ENV545 Risk Assessment 3 Fall

ENV547 Environmental Regulations 3 Spring

ENV551 Environmental Toxicology 3 Spring

GEO534 Geographic Information Systems 3 Fall

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| **COMPLETED ENVIRONMENTAL HEALTH TRACK ELECTIVE COURSES** |

 **Semester Year**

**Course Credits Completed Completed Grade**

ENV533 Water Quality and Health 3 Summer

ENV570 Emergency Preparedness 3 Summer

ENV575 Bioterrorism and Public Health 3 Fall

GEO584 Applications of Geographic Information Systems 3 Spring

GEO     Environmental Modeling with GIS 3 Fall

ENV581 Special Topics      3 Fall/Spring/Sum

**MPH Community Service Requirement Completed** [ ] **Yes** [ ] **No - Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **APPLIED LEARNING EXPERIENCE FACULTY ADVISOR’S APPROVAL**  |
| Approval to start Applied Learning Experience I: [ ] Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denied approval: [ ]  (If student is denied approval provide reasons in advisor comment section).Date of Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Applied Learning Experience Faculty Advisor Signature     Student Applicant Signature | **Advisor’s Comments**:      |