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

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MPH Track: **COMMUNITY 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 COMMUNITY HEALTH TRACK COURSES** |

**Semester Year**

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

HEA531 Community as a Basis for Health 3 Fall      

HEA543 Transcultural Health 3 Fall      

HEA539 Health Promotion Program Planning 3 Spring      

HEA538 Evaluation of Health Programs 3 Spring      

HEA544 Program Admin. Health/Human Service 3 Summer/Winter      

HEA645 Global Community Health Promotion 3 Summer/Winter      

HEA     Health Elective:       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    Student Applicant | **Advisor’s Comments**: |