



Name:

Semester of Entry:

**Program Requirements: DrPH in Environmental & Occupational Health Sciences**

The credits required for your degree are listed below. All DrPH students must complete 12 credits of DrPH Core courses, 12 credits of Environmental and Occupational Health Sciences courses, six (6) credits of DrPH elective courses, three (3) credits of the Field Experience, and twelve (12) credits of the DrPH Dissertation. Students must complete the majority of their course work before they can begin the DrPH Dissertation.

**Transfer Courses**

A maximum of six (15) credits may be approved for program of study transfer credit from other accredited graduate schools. Please refer to the SPH Student Handbook for specific information and guidelines regarding the award of transfer credit.

Transfer Institution	Course #	Course Title	Original Earned	Credits	DrPH Credits Awarded

**DrPH Core Courses**

Term Planned	Term Completed	Grade Earned	Course#	Course Title	Credits
			BIOS 7200	Quantitative Research Methods for Public Health Practice	3
			PUBH 7201	Study Design in Public Health in Public Health Practice	3
			HPMG 7200	Public Health Management and Ethics	3
			PUBH 7200	Public Health Policy and Politics Seminar	3

**Environmental & Occupational Health Sciences Core Courses**

Term Planned	Term Completed	Grade Earned	Course#	Course Title	Credits
			EOHS 7202	Advanced Topics in Risk Assessment and Management	3
			EOHS 7203	Environmental Health Policy and Management Systems	3
			EOHS 7300	Advanced Topics in Occupational Health	3
			EOHS 7205 (Formerly: EOHS 7305: Food Safety Issues)	Safety of the Food Supply	3

**Electives (Any 2 Electives)**

Term Planned	Term Completed	Grade Earned	Course#	Course Title	Credits
					3
					3

**Field Experience and Dissertation**

Term Planned	Term Completed	Grade Earned	Course#	Course Title	Credits
			PUBH 7000	Field Experience	3
			PUBH 8001	Dissertation	12

**Total Credits Required**

**45** (Including the Dissertation)

**Anticipated Date of Graduation (Circle Month):** May August December **YEAR:**

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the Master of Public Health degree from the State University of New York Health Science Center at Brooklyn. The academic policies regarding other components of the degree are published in the SUNY HSCB **Student Handbook** and the **SPH Student Handbook**, and should be reviewed to ensure my academic success.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_  
DrPH Program of Study Form-2/28/2019

Signature of Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_