

Curriculum Planning Worksheet
Department of Health Care Organization & Policy
Master of Public Health / Master of Public Administration (PHPA)

Name:						
Student ID:						
All MPH Cores are required to be taken in the first two semesters of enrollment; May enrolled in HCO 697 required after completion of HCO 600, BST 601, ENH 600, EPI 600 & HB 600; PUH 695 required in the last semester of enrollment (students graduating in summer must take in spring).						
Course Name	Term Course Available			Credit Hours	Term/Year Taken	Grade
	Fall	Spr	Sum			
MPH Core Requirements (20)						
HCO 600: Management and Policy in Public Health Systems & Services	C	O	CO	4		
BST 601: Biostatistics	C	O	O	4		
ENH 600: Fundamentals of Environmental Health	O	C	O	3		
EPI 600: Introduction to Epidemiology	CO		O	3		
HB 600: Social & Behavioral Sciences Core	C	O	O	3		
PUH 695: Integrative Experience	CO	CO		3		
MPA Core Requirements (30 hours)						
MPA 600: Administrative Ethics	C			3		
MPA 601: The Public Policymaking Process**	C	C		3		
MPA 602: Administrative Theory & Behavior**	C	C	O	3		
MPA 603: Public & Non-Profit Budgeting	C			3		
MPA 604: Human Resource Management	C	C		3		
MPA 605: Information Technology in Government	C		O	3		
MPA 606: Research Design**	C			3		
MPA 673: Nonprofit Health		O		3		
MPA 674: GIS for Managers		C		3		
MPA 697: Capstone Project/Graduation Research	C	C	CO	3		
MPH Concentration Electives (12 hours) (Select 4 courses)						
HCO 604: Health Economics and Public Health Policy	CO	C		3		
HCO 607: Public Health Law	O	C		3		
HCO 609: Needs Assessment and Program Planning		CO		3		
HCO 615: Finance for Health Professionals	CO			3		
HCO 618: Management Concepts in Public Health Or HCO 612: Strategic Management In Health Programs		CO	O	3		
HCO 620: Health Insurance & Managed Care		CO		3		
HCO 670: Social and Ethical Issues		CO		3		
Internship (3 hours)						
HCO 697: Internship	I	I	I	3		
Total Credit Hours Earned for Degree***				65		
C = In class; O = Online; CO = Either option available; I = On preceptor site.						
** Shared Hours						

Student's Signature _____ Date _____

Advisor/Program Coordinator's Signature _____ Date _____