**MHS PLAN OF STUDY**

Department of Environmental and Global Health ~ College of Public Health

Return this completed form to HPNP 4160 or email your Academic Coordinator.

|  |  |
| --- | --- |
| Student Name: | |
| Date: | UF ID#: |
| Faculty Advisor: | |

**Recommendation:** Students should copy and paste the required course information from the **MHS One Health Course Requirements Checklist** or type in the course information. Use the checklist to ensure that your study plan will meet degree requirements. Show both the study plan and the completed checklist to your Faculty Advisor during your first semester of training. Students should save a copy of this file such that it might be easily amended in the future. Changes in MHS Plan of Study must be submitted with a **Request for Change in Plan of Study** form no later than 5 days after the opening of classes of the semester in which the amended Plan is to be in effect. *Failure to follow may result in delay of graduation date.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Degrees Held** | **Institution** | **Year Granted** | **Major Field** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Career goals:

Degree sought:

Semester & year admitted current program:

Estimated date of graduation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Courses for which **course exemptions** are granted (graduate credit is awarded and the requirement is satisfied.) NOTE: Only graduate courses can be transferred as credit and syllabi need to be included for review and approval of course. | | | | | |
| **Course Taken**  **Number and Name** | | **Institution** | **Sem. Hrs.** | **Grade** | **Year Completed** |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **Semester:** | **Year:** | | | |  |
| **Course Number** | **Course Title** | | | | **Hours** |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  | **Total:** | | | |  |

|  |  |  |
| --- | --- | --- |
| **Semester:** | **Year:** |  |
| **Course Number** | **Course Title** | **Hours** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total:** |  |

|  |  |  |
| --- | --- | --- |
| **Semester:** | **Year:** |  |
| **Course Number** | **Course Title** | **Hours** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total:** |  |

|  |  |  |
| --- | --- | --- |
| **Semester:** | **Year:** |  |
| **Course Number** | **Course Title** | **Hours** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Total:** |  |

|  |  |
| --- | --- |
| **Total semester hours of planned enrollment:** |  |
| **Total semester hours of transfer credits requested:** |  |
| **GRAND TOTAL OF PLAN:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This plan, if approved, meets program requirements. |  | Student’s Signature |  | Date (mm/dd/yy) |
| I approve this plan. |  | Graduate Program Assistant’s Signature |  | Date (mm/dd/yy) |
| I approve this plan. |  | Advisor’s Signature |  | Date (mm/dd/yy) |
|  |  | Department Chair’s Signature |  | Date (mm/dd/yy) |

We all agree to this study plan.