## Form 14: MPH Program Plan (Native Hawaiian & Indigenous Health)\*

\*For students admitted Fall 2019 or later

Required Pre-Req Courses		Semester/Year Entered:						
		Course Numbers & Titles (credits will not count towards the degree)				Semester/Year Taken	Crs.	
Underg	rad courses may be	required, depending on the student's academic/professi	onal background. Cour	ses below	the 300-le	evel cannot be counted toward the MPH	l degree.	
				Instit	ution			
P (cr	Petitioned Transfer & BU Courses s earned prior admission*)	Course Numbers & Titles			Other	Semester/Year Taken	Crs.	
	•	l edits to count towards the MPH must be submitted to	the Graduate Division	<u> </u> n.		Total Transferred Credits:		
*To sub	Course Nui PH 635 Indig PH 673 Hea PH 688 Indig PH 728 Indig	Course Numbers & Titles PH 600 Public Health Foundations (2 cr) PH 602 U.S. Health Care Services & Policy ( PH 623 Social Science and Public Health (3 PH 648 Pgm Planning, Mgmt, Eval & Leade PH 655 Biostatistics I (3 crs) PH 663 Principles of Epidemiology I (3 crs) PH 681 Environmental Determinants of He required core course, a petition must be submitted to mbers & Titles genous Health Seminar (3 crs) Ith Ethics, Law and Politics (3 crs) genous Peoples' Food Sys, Env & Hlth (3 crs) genous Applied Research Methods (3 crs) grative Seminar ( 2 crs)	crs) rship (3 crs) s) ealth (3 crs)	subs	W <sup>+</sup>	Total Core Credits:  Semester/Year Taken	Crs.	
^Backtr	acking policy: Credit	ts awarded for a lower-level prereq course, if taken after	the higher-level course		titute h it was a r	orerea) will not be applicable towards t	he degree	
	ield Work (3			(IOI WITE	arrie was a p		ne degree.	
+To su	ubstitute or waive	a specialization course, a petition must be submitted	to the OPHS Grad Cha	ir for app	oroval.	<b>Total Specialization Credits:</b>		
Elective Courses (5 cr) Minimum of 5 elective cr		Course Numbers & Titles				Semester/Year Taken  Total Elective Credits:	Crs.	
iviinin	iuiii oi 5 elective c	reuit nours required.						
			Tota	I MPF	l Credi	ts (42 credits required):		
Accep	ted By:							
Stude	nt's Signature		Faculty Advisor's Signature Date					