

## FORM 12: SUMMARY OF PH 699 DIRECTED READING CONTENT

The student is responsible for initiating and submitting this form to OPHSAS, Biomed D-204, in order to register for PH 699.

PART I: STUDENT			
STUDENT'S NAME (LAST, FIRST MI):		UH USERNAME OR ID#:	
<b>COURSE:</b> <input type="checkbox"/> PH 699 <input type="checkbox"/> _____ 699	<b>DEGREE OBJECTIVE:</b> <input type="checkbox"/> MPH <input type="checkbox"/> PhD <input type="checkbox"/> MS	<b>SPECIALIZATION:</b> <input type="checkbox"/> EPIDEMIOLOGY <input type="checkbox"/> NAT HAWAIIAN INDIG HLTH <input type="checkbox"/> TRANSLATIONAL RES <input type="checkbox"/> HLTH POLICY MGMT <input type="checkbox"/> SOC & BHVRL HLTH SCI <input type="checkbox"/> _____	
SEMESTER & YEAR PH 699 TAKEN:		CREDIT HOURS:	
<b>COURSE CONTENT/OBJECTIVES:</b>			
<b>REQUIRED TEXTS OR READINGS:</b>			
<b>COURSE PRODUCTS:</b>			
<b>SUBMITTED BY:</b> _____			
STUDENT'S SIGNATURE (Typed name will serve as signature)			DATE
PART II: FACULTY			
<b>APPROVED BY:</b> _____			
INSTRUCTOR'S NAME (Please print)	INSTRUCTOR'S SIGNATURE	DATE	