

4+1 Integrated Master of Public Health Undergraduate Advising Form

Students who have been conditionally accepted into the Integrated 4+1 MPH Program option must submit this advising form Dr. Shannon Crowley, Director of the Master of Public Health (MPH) program (scrowley@ncwu.edu), by April 31st of their Junior year. Forms must be signed by both the student and the student’s academic advisor. Incomplete or unsigned forms will not be accepted.

Student Information:

Name: _____ ID # _____
 Major: _____ Minor: _____ Projected graduation date (month/year): _____

Academic Advisor Information:

Academic Advisor Name: _____ Academic Advisor Email: _____

Please list all courses to be attempted next academic year, including MPH program courses (pre-filled) and any remaining courses required to complete the student’s bachelor’s degree.

Term: Fall Year: _____

Course #	Course Title:	Section:	Semester Hours:	Instructor:
<i>PBH: 500</i>	<i>Foundations in Public Health</i>	<i>OL1</i>	<i>3</i>	
<i>EXS: 500 or PBH 501</i>	<i>Exercise Physiology in Context (PA & Health conc) or Intro to Social Epidemiology (Soc Epi conc)</i>	<i>OL2</i>	<i>3</i>	
<i>Total Semester Hours:</i>				

Term: Spring Year: _____

Course #	Course Title:	Section:	Semester Hours:	Instructor:
<i>PBH: 510</i>	<i>Quantitative & Qualitative Methods in Public Health</i>	<i>OL1</i>	<i>3</i>	
<i>PBH: 530</i>	<i>Program Planning & Implementation</i>	<i>OL2</i>	<i>3</i>	
<i>Total Semester Hours:</i>				

Advisor Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____