INSTRUCTIONS:

- Complete this form in collaboration with your Academic Advisor.
- Review all general and departmental or college degree requirements published in WSU Bulletin and the student handbook.
- List chronologically all WSU credits earned or proposed which will apply toward fulfillment of degree requirements.
- Once you and your advisor have electronically signed this form, e-mail it to MPHProgram@med.wayne.edu to obtain the approval of our MPH Director.
- The School of Medicine will give final approval to your plan of work and mail a copy to you and your advisor.

**Name:** Joe Smith  
**ID No.:** 000325989  
**Address:** 1313 Mockingbird Lane  
**City/State:** Roseville, MI  
**Degree:** Bridge Graduate Certificate in Public Health Practice

### COURSES COMPLETED & PROPOSED

<table>
<thead>
<tr>
<th>Term/Year</th>
<th>Dept-No</th>
<th>Title</th>
<th>Required Credit Hours</th>
<th>Elective Credit Hours</th>
<th>Total Program Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall/2017</td>
<td>FPH 7230</td>
<td>Social Basis of Healthcare</td>
<td>3</td>
<td></td>
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<tr>
<td>Fall/2017</td>
<td>FPH 7240</td>
<td>Epidemiology</td>
<td>3</td>
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<tr>
<td>Fall/2017</td>
<td>FPH 7015</td>
<td>Biostatistics 1</td>
<td>4</td>
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<tr>
<td>Winter/2018</td>
<td>FPH 7240</td>
<td>Principles of Environmental Health</td>
<td>3</td>
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<tr>
<td>SS/2018</td>
<td>FPH 7350</td>
<td>Programming for Public Health Practice</td>
<td>2</td>
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</tbody>
</table>

Please note that the BGCPHP requires a minimum of 15 credit hours

**Required Credit Hours Total:** 13  
**Elective Credit Hours Total:** 2  
**Total Program Hours:** 15

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**PLAN OF WORK APPROVAL**  
Typed Name and Access ID signifies approval

**APPROVED BY ADVISOR**  
(Type Name): Jack Blue  
Access ID: ao0823  
Date: January 15, 2018

**APPROVED BY MPH PROGRAM**

Access ID: Date:

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**PETITION FOR CANDIDACY**

On the basis that I have taken all entrance examinations and prerequisite courses specified, have presented my “GC-PHP Plan of Work” and have given evidence of ability to pursue satisfactorily a program of graduate study, I hereby petition my advisor and the Graduate Office to be advanced to “Candidate” for the Graduate Certificate in Public Health Practice.

**APPLICANT’S/STUDENT’S SIGNATURE**  
(Type Name): Joe Smith  
Access ID: ee7821  
Date: January 10, 2018

**CANDIDACY RECOMMENDED BY ADVISOR**  
(Type Name): Jack Blue  
Access ID: ao0823  
Date: January 15, 2018

If the advisor cannot recommend candidacy at the time the “Plan” is presented, candidacy may be recommended by memorandum. In general, candidacy must be recommended before the student has completed eight credit hours and is in good academic standing.

**CANDIDACY AUTHORIZED BY SOM GRADUATE OFFICE:**

School of Medicine Graduate Officer  
Date