****

**DEPARTMENT OF FAMILY MEDICNE AND PUBLIC HEALTH SCIENCES**

**Bridge Graduate Certificate in Public Health Practice Plan of Work**

**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](mailto: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: | ID No. |
| Address | City/State |
| Degree: **BGCPHP Graduate Certificate in Public Health Practice** | |

**COURSES COMPLETED & PROPOSED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Term/Year** | **Dept-No** | **Title** | **Required**  **Credit Hours** | **Elective Credit**  **Hours** | **Total Program**  **Hours** |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Please note that the GCPHP requires a minimum of 15 credit hours | | | **Required Credit Hours Total: 13** | **Elective Credit Hours Total:** |  |

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

|  |  |  |
| --- | --- | --- |
| **APPROVED BY ADVISOR (**Type Name**):** | **Access ID:** | **Date:** |
| **APPROVED BY MPH PROGRAM:** | **Access ID:** | **Date:** |

**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**):** | **Access ID:** | **Date:** |
| **CANDIDACY RECOMMENDED BY ADVISOR** (Type Name): | **Access ID:** | **Date:** |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REV 20150120 School of Medicine Graduate Officer Date**