



**Academic Degree Planner
Master of Public Health with Dental Emphasis
Dental Public Health Residency**

PRINTED NAME: Bitouni **Anneta**

 LAST FIRST M.I.

Important Notice- Students on Title IV funding cannot take less than 2.5 credits per quarter. Taking less than 2.5 credits per quarter will make the student ineligible for Title IV funding**

This academic degree plan (ADP) will be used for registration and billing for your program of study with the School of Health Management(SHM). Please work with your admissions representative to complete this document and return the signed copy to the admissions team to complete your application.

Course	Credit Hours	Semester	Taken
PUBH5050: Introduction to Dental Public Health	4	14-15	Fall Block 1
HLTH6400: Behavior Sciences and Educational Concepts	4	14-15	Fall Block 1
BIOS7050: Biostatistics for Dental Research	4	14-15	Fall Block 2
PUBH6550: Dental Healthcare Policy and Management	4	14-15	Fall Block 2
EPID6150: Dental Epidemiology*	4	14-15	Spring Block 1
PUBH7600: Community-Based Programs-Development	4	14-15	Spring Block 1
PUBH5250: Practical Dental Research, Planning, and Design**	4	14-15	Spring Block 2
PUBH7650: Community-Based Programs-Implementation & Evaluation†	4	14-15	Spring Block 2
PUBH7800: Public Health Practicum#	8	15-16	Fall Block 1
ENVR6200: Environmental Health Sciences	4	15-16	Fall Block 1
PUBH6200: Research II	4	15-16	Fall Block 2
PUBH6900: Public Health Biology	4	15-16	Fall Block 2
PUBH6300: Research III	4	15-16	Spring Block 1
PUBH5400: Professionalism and Ethics in Dental Public Health	4	15-16	Spring Block 1
PUBH5500: Financing Dental Care	4	15-16	Spring Block 2
MHAD6200: Administration of Health Care Organizations	4	15-16	Spring Block 2

*BIOS7050 is a Prerequisite for EPID6150

**EPID6150 is a Prerequisite for PUBH5250

†PUBH7650 must be taken the quarter immediately following PUBH7600

#Final approval of the PUBH7800: Public Health Practicum requires submission of final report at which time a grade of Pass (P) is assigned

Additional Courses

	4	Year	Semester
	4	Year	Semester
	4	Year	Semester

PLEASE READ AND SIGN BELOW:

I agree to this Academic Degree Planner (ADP) and the courses listed as my program of study. I understand that I will be billed by the Controller's Office according to this document and all tuition and fees will be due to the Controller's Office prior to the start of classes. I further understand that no changes, updates or corrections may be made to this document without permission from SHM.

STUDENT SIGNATURE: _____ **DATE:** _____

ENROLLMENT COUNSELOR INITIAL: _____ **DATE:** _____