

## Program of Study Worksheet

Students Entering Fall 2019 – Spring 2023

MPH: Community Health – **42 Credits**

| Course Prefix and Number  | Course Number  | Credits | Semester Taken |
|---|--|---------|----------------|
| <b>Core Courses</b>   |  |         |                |
| PUBH 601  | Foundations of Public Health Knowledge                                       | 0       |                |
| PUBH 610  | Public Health Leadership & Management  | 3       |                |
| PUBH 611  | Health Equity, Communication, and Advocacy                                   | 3       |                |
| PUBH 612  | Designing and Evaluating Public Health Interventions                         | 3       |                |
| PUBH 613  | Designs, Concepts, and Methods in Public Health Research                     | 3       |                |
| PUBH 614  | Quantitative and Qualitative Data Analysis Methods in Public Health Research | 3       |                |
| <b>Concentration Requirements</b>   |  |         |                |
| CHSS 622  | Community Organizing to Advance Health and Social Justice                    | 3       |                |
| CHSS 623  | Applied Mixed Methods in Community Health Research                           | 3       |                |
| CHSS 624  | Community Health Program Planning, Evaluation, and Sustainability            | 3       |                |
| CHSS 625  | Advanced Seminar on Intersectoral Partnerships                               | 3       |                |
| <b>Electives</b> <i>(List all course numbers, titles and the semester the course was taken)</i> |  |         |                |
|   |  | 3       |                |
|   |  | 3       |                |
|   |  | 3       |                |
| <b>Practice and Culminating Experience</b>  |  |         |                |
| CHSS 696  | Community Health Practice Collaborative I                                    | 3       |                |
| CHSS 698  | Community Health Practice Collaborative II                                   | 3       |                |

Yes  No: I am enrolled in and have successfully completed the requirements of the **MCRSH** Specialization.

\_\_\_\_\_  
Student's Name (Print) CUNYfirst 8 digit student ID number Semester of Graduation

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Faculty Advisor's Signature Date

### Instructions:

- Download this document as a PDF, complete all fillable fields, and sign digitally.
- Send your digitally signed document to your faculty advisor as an email attachment and cc [Registrar@sph.cuny.edu](mailto:Registrar@sph.cuny.edu) by the deadline defined in the [Academic Calendar](#).
- Students are responsible for submitting the [Course Waiver or Substitution Request Form](#), if needed. Allow at least 1 month for processing of requests.