

## Program of Study Worksheet

Students Entering Fall 2019 – Spring 2024

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.