

FORM 12: SUMMARY OF PH/PPST 699 DIRECTED READING CONTENT

The student is responsible for initiating and submitting this form to OGSAS, Biomed D-204, in order to register for PH 699.

PART I: STUDENT

STUDENT'S NAME (LAST, FIRST MI):

STUDENT ID#:

COURSE:

- PH 699
 PPST 699

DEGREE OBJECTIVE:

- MPH DrPH GCERT
 MS PhD

SPECIALIZATION:

- EPIDEMIOLOGY SOC & BHVRL HLTH SCI GLOBAL HEALTH & POP STUDIES
 HLTH POLICY & MGMT TRANSLATIONAL RSRCH

SEMESTER PH/PPST 699 TAKEN:

CREDIT HOURS:

COURSE CONTENT/OBJECTIVES:

REQUIRED TEXTS OR READINGS:

SUBMITTED BY: _____

STUDENT'S SIGNATURE

DATE

PART II: FACULTY

APPROVED BY:

INSTRUCTOR'S NAME (Please print)

INSTRUCTOR'S SIGNATURE

DATE