WKU GRADUATE SCHOOL

Program of Study

1906 College Heights Blvd. #11010 | Bowling Green, KY 42101-1010 | Phone: 270-745-2446 | Fax: 270-745-6950 | graduate.records@wku.edu

Name _____ _____ _____ WKU ID # _____
Last First M/M

Degree Type (e.g. MA, MS, MAE, etc): MPH Degree Major: Public Health

Concentration (if applicable): _____ Estimated Term of Degree Completion: _____

Core and Elective Courses

Course Number	HRS	TR	Transfer Institution	GSR Use	Course Number	HRS	TR	Transfer Institution	GSR Use
PH 520	3								
PH 575	3								
PH 578	3								
PH 580	3								
PH 581	3								
PH 582	3								
PH 583	3								
PH 584	3								
PH 587	3								
PH 591	3								
					Deficiencies				
					Course Number	HRS			

Core and Elective Courses

*Any courses listed as deficiencies will not be included in the degree GPA, but will be included in the overall graduate GPA.

For all education programs:

Undergraduate Degree Institution: _____ Date _____ GPA prior to admission _____

Graduate Degree Institution: _____ Date _____ Hours prior to admission _____

Certification(s) Held: _____ Certification Pursued: _____

_____ _____ _____ _____
Student Signature Date Certification Officer Signature (if applicable) Date

_____ _____ _____ _____
Advisor Signature Date Doctoral Program Officer Signature (if applicable) Date

_____ _____
Graduate School Officer Signature Date

**Students listing a 599, 699, or 799 course on the Program of Study must submit Committee & Topic Selection prior to enrollment in the course.*

Graduate School Use Only

☐ Admitted in Good Standing ☐ JUMP Major Code _____ Conc. Code _____ Total Hours _____