**STUDENT INFORMATION**

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| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 48** |

I. **Core Courses (30 units required):**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| HS 501 | Introduction to Public Health |       |       |       |       |       |       |
| HS 503 | Principles of Biostatistics |       |       |       |       |       |       |
| HS 505 | Advanced Behavior Change Counseling |       |       |       |       |       |       |
| HS 509 | Public Health Program Planning and Evaluation |       |       |       |       |       |       |
| HS 511 | Health Policy and Management |       |       |       |       |       |       |
| HS 572 | Environmental and Occupational Health |       |       |       |       |       |       |
| HS 584 | Social and Structural Determinates of Health |       |       |       |       |       |       |
| HS 612 | Public Health Epidemiology |       |       |       |       |       |       |
| HS 618 | Chronic Disease Epidemiology and Prevention |       |       |       |       |       |       |
| HS 622 | Research Methods and Program Evaluation |       |       |       |       |       |       |
| HS 676 | Innovations In Healthcare And Public Health |       |       |       |       |       |       |

**II. Select from the following options:**

* **Flagstaff Mountain Campus (6 units required): HS 608, HS 698**
* **Online (6 units required): HS 609**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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**III. Select the Indigenous Health Emphasis or Public Health Coursework:**

**Option 1: Indigenous Health Emphasis (12 units required) – only offered at NAU-Flagstaff**

* **HS 561, HS 624, HS 671 (9 units)**
* **Select an additional course in consultation with your advisor (3 units)**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| HS 561 | American Indian Health Systems |       |       |       |       |       |       |
| HS 624 | Community Based Participatory Research to Improve Health Equity |       |       |       |       |       |       |
| HS 671 | Determinants of Indigenous Health and Resilience |       |       |       |       |       |       |
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**Option 2: Public Health Coursework (12 units required)**

* **Select from the following:** AIS 503, AIS 504, AIS 590 or POS 590, ANT 521, ANT 580, ANT 599 - Global Health, ANT 599 - Health Scholars, COM 540, COM 542, COM 545, CST 575, CTE 550, CTE 670, EPS 590, ES 600, GSP 545, INF 599 - Infectious Disease Ecology and Epidemiology, NTS 507, NTS 515, NTS 520, NTS 525, NTS 545, NTS 550, (NTS 607 and NTS 607L), NTS 630, NTS 650, NUR 560, PSY 623, PSY 636, SOC 515, SUS 601, SUS 602, SUS 603, or additional graduate-level coursework approved in consultation with your advisor.

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
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**Additional InformatION:**

Students enrolled in this plan may not enroll in or pursue the following due to the number of overlapping units:

* Public Health, Graduate Certificate

This Program of Study documents your progress on your academic requirements for the degree and catalog year listed above. For Department of Defense-related requirements, it serves as the evaluated and approved educational plan.

In addition to all University and Office of Graduate & Professional Studies (OGPS) policies, procedures, and requirements, graduate students must also adhere to the academic requirements, policies, procedures, and criteria outlined by their program’s Graduate Student Handbook.

**Students:**

You must secure official approval by your advisor and Department Chair/Director before submitting your final Program of Study for graduation.

By signing or entering your name below, you agree to the following statement:

*“Students are responsible for complete knowledge of Academic Catalog requirements in their degree plan for their catalog year and adhering to all policies in the Academic Catalog.”*

**Advisors and Chairs/Directors:**

Please indicate approval of the curriculum on the Program of Study by placing your signature (formal digital signatures are permitted) in the space provided.

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| **Student:**       | **Date:**       |
| **Advisor:**       | **Date:**       |
| **Chair:**       | **Date:**       |

**\*\*Transfer/Previous Graduate Degree/Internal Transfer/Accelerated (T/P/I/A)** – Must have Advisor approval

Transfer T = Course transferred from another university

Previous Graduate Degree P = Course taken at NAU from previous graduate degree

Internal Transfer I = Graduate-level course taken as undergraduate; Not applied to undergraduate degree

Accelerated Program “Dual-use” A = Courses completed during the undergraduate career and used to satisfy both the Bachelor’s and Master’s degree requirements. ONLY for designated Accelerated students.