**STUDENT INFORMATION**

|  |  |
| --- | --- |
| **Name:**       | **NAU ID:**        |
| **NAU E-mail Address:**        | **Phone Number:**       |
| **Term of Admission:**         | **Expected Graduation Term/Year:**        |
| **Advisor:**       | **Required Credits for Degree Program: 65** |

I. **Health Sciences Common Core (27 units required):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 511 | Health Policy and Management |       |       |       |       |       |       |
| HS 572 | Environmental and Occupational Health |       |       |       |       |       |       |
| HS 584 | Social and Structural Determinates of Health |       |       |       |       |       |       |
| HS 608 | Fieldwork Experience |       |       |       |       |       |       |
| HS 612 | Public Health Epidemiology |       |       |       |       |       |       |
| HS 622 | Research Methods and Program Evaluation |       |       |       |       |       |       |
| HS 698 | Graduate Seminar |       |       |       |       |       |       |

**II. Nutrition Common Coursework (26 units)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| NTS 415 | Nutrition Across the Life Cycle |       |       |       |       |       |       |
| NTS 445 | Food Service Management |       |       |       |       |       |       |
| NTS 507 | Medical Nutrition Therapy I |       |       |       |       |       |       |
| NTS 520 | Food Science and Culinary Arts |       |       |       |       |       |       |
| NTS 550 | Human Metabolism: Macro and Micronutrients |       |       |       |       |       |       |
| NTS 607 | Medical Nutrition Therapy(Medical Nutrition Therapy II Lab) |       |       |       |       |       |       |
| NTS 630 | Public Health Nutrition |       |       |       |       |       |       |
| NTS 650 | Current Topics in Nutrition and Dietetics |       |       |       |       |       |       |
| NTS 657 | Career Preparation in Nutrition and Dietetics |       |       |       |       |       |       |

**III. Supervised Practice: (12 units required):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| NTS 696 | Dietetics Supervised Practice Experience |       |       |       |       |       |       |

**Additional InformatION:**

You may take a maximum of two 400-level courses (6 units) at Northern Arizona University as part of the Master of Public Health program.

You may not pursue the Public Health Certificate in conjunction with this degree.

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 Graduate College 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 the final Program of Study.

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.

|  |  |
| --- | --- |
| **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 Bachelors and Master’s degree requirements. ONLY for designated Accelerated students.