**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: 65** |

I. **Health Sciences Common Core (27 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 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)**

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| **Course**  | **Course Title** | **Replacement Course** | **Semester** | **Year** | **Units** | **Grade** | **T/P/I/A\*\*** |
| NTS 507 | Medical Nutrition Therapy I |       |       |       |       |       |       |
| NTS 515 | Nutrition Across the Life Cycle |       |       |       |       |       |       |
| NTS 520 | Food Science and Culinary Arts |       |       |       |       |       |       |
| NTS 545 | Food Service Management |       |       |       |       |       |       |
| NTS 550 | Human Metabolism: Macro and Micronutrients |       |       |       |       |       |       |
| NTS 607 | Medical Nutrition Therapy II |       |       |       |       |       |       |
| NTS 607L | 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):**

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

**ADDITIONAL INFORMATION**

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

* Public Health – Health Promotion, MPH
* 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.