**MPH APPLICATION FOR HEA649 - APPLIED LEARNING EXPERIENCE I**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MPH Track: **HEALTH CARE MANAGEMENT**

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| **Instructions:**  Please complete this form and return it to your Applied Learning Experience Faculty Advisor at the beginning of the semester. At least 30 credits will need to be completed at the start of Applied Learning Experience I. A cumulative GPA of 3.00 is required at the start of Applied Learning Experience I. Attach a current copy of student transcript to this form. |
| **STUDENT INFORMATION** |
| Student:      Student I.D. Number:      Address:                   Phone:       Cell Phone:       | Cumulative GPA at the start of Applied Learning Experience I:      Applied Learning Experience I scheduled for:Fall [ ]  Spring [ ]  Summer [ ]  Year       Number of Completed Credits:       |

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| **COMPLETED MPH CORE COURSES** |

 **Semester Year**

**Course Credits Completed Completed** **Grade**

HEA520 Public Health Epidemiology 3 Fall/Spring

HEA526 Biostatistics for Public Health 3 Fall/Spring

ENV530 General Environmental Health 3 Fall/Spring

HEA516 Health Care Management 3 Fall/Spring

HEA632 Social and Behavioral Aspects of Health 3 Fall/Spring

HEA648 Research Methods in Public Health 3 Fall/Spring

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| **COMPLETED HEALTH CARE MANAGEMENT TRACK COURSES** |

 **Semester Year**

**Course Credits Completed Completed** **Grade**

HEA513 Legal Aspects of Health Care 3 Spring

HEA514 Approaches to Health Care Delivery 3 Summer

HEA612 Health Care Financial Analysis and Management 3 Fall

HEA613 Advocacy and Quality of Health Care Services 3 Fall

HEA614 Health Care Technology and Information

 Management 3 Fall

HEA616 Strategic Leadership in Health Care 3 Spring

HEA     Approved HCM Elective:       3 Fall/Spring/Sum

**MPH Community Service Requirement Completed** [ ] **Yes** [ ] **No - Date of Completion:** Click here to enter a date.

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| **APPLIED LEARNING EXPERIENCE FACULTY ADVISOR’S APPROVAL** |
| Approval to start Applied Learning Experience I: [ ] Date of Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Denied approval: [ ]  (If student is denied approval provide reasons in advisor comment section).Date of Denial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Applied Learning Experience Faculty Advisor     Student Applicant | **Advisor’s Comments**:      |