

MPH Community Health Track Advising Course Plan

Name: _____

WCU ID: _____

Full- time Student: ☐ *Yes* or ☐ *No (3 Courses or More/ Semester)*

Part- time Student: ☐ *Yes* or ☐ *No (2 Courses or Less/ Semester)*

Enrollment Date: _____

Expected Graduation Date: _____

List out Courses by Prefix + Full Name- below by semester:

Fall/ Spring-Year()	Fall/ Spring- Year()	Summer- Year()

Fall/ Spring-Year()	Fall/ Spring- Year()	Summer- Year()

Fall/ Spring-Year()	Fall/ Spring- Year()	Summer- Year()