

**MEL AND ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
THE PUBLIC HEALTH MINOR FOR THE PHD**

The Public Health Minor

The Public Health Minor for the PhD consists of a minimum of 3 Public Health Core courses and 2 concentration specific courses agreed to by the student and his or her committee. The core courses, from which 3 must be chosen, including:

- CPH 573A - Basic Principles of Epidemiology (3)
- CPH 574 - Public Health Policy and Management (3)
- CPH 575 - Environmental and Occupational Health (3)
- CPH 576A - Biostatistics in Public Health (3)
- CPH 577 - Sociocultural Aspects of Public Health (3)

Process for Declaring a Public Health Minor for the PhD:

The Student identifies at least 1 faculty member with a primary appointment in the MEZCOPH to serve on his or her committee.

The Student holds a Planning Committee meeting where the committee faculty members advise the student on coursework.

At the time that course selections are made, the committee and student will define how competency will be determined. The demonstration may take several forms consistent with the practices of the home department. The minor member may contribute to the formulation of the comprehensive exam; the minor member may submit a specific written question; the minor may require participation in an active public health experience with a written summary to cite only a few examples. Other approaches are permissible with the consent of the student's graduate committee.

The student must complete the Declaration of Public Health form, found on the following page, obtain the required signatures, and return the form to the Academic Progress Coordinator in the MEZCOPH Office of Student Services.

DECLARATION OF PUBLIC HEALTH MINOR FOR THE PHD

Name: _____ SID: _____

Email: _____ Phone: _____

Address:

PhD Major:

Major Advisor: _____ Advisor Email: _____

Public Health courses completed or planned:

Name of Course	Date completed or planned	Name of Course	Date Completed or Planned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your expected graduation date? _____

Student Signature:

Major Advisor Signature:

Public Health Advisor Signature:

Print Name _____

*Submit the completed form to:
Graduate Academic Progress Coordinator
Office of Student Services and Alumni Affairs
PO Box 245033
Drachman Hall, Room A-302/ Phone: 626-3204*