



<input type="checkbox"/> Original Submission	Date _____
<input type="checkbox"/> Amended	Date _____

**RETURN TO:** University of Toledo – Health Science Campus  
 College of Graduate Studies  
 Mulford Library Bldg. Room 117  
 Mail Stop 1042

## Plan of Study for the Master of Science in Occupational Health

**Description:** The Plan of Study serves two main purposes. By defining a student’s course of study, it provides focus and direction to his or her graduate degree program and it constitutes an agreement that successful completion of the proposed course of study and the general degree requirements will result in the awarding of the degree. Each student working for a degree is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 12 credit hours. This plan must be approved by the Advisor, the Chairman or Program Director and the College Dean before being submitted to the College of Graduate Studies. It is understood that the first “Plan of Study” filed by a student may be subject to change as he/she progresses. However, it is the student’s responsibility to notify the College of Graduate Studies of any changes to the courses listed on the approved plan of study. According to the UT Graduate Student Handbook, it is the policy that credit applied towards the master’s degree must have been earned within the period of six years immediately preceding the time the degree is awarded.

**Instructions:**

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Master’s degree requirements.
2. Under “Course Alphanumeric Code,” give department and course number as they were taken or are to be taken. Give the course title in the second column. Enter term and grade information as appropriate.
3. Complete the “Credit Hours” column for all courses listed.
4. Obtain all required signatures and forward to the College of Graduate Studies for final approval.
5. If there are changes to the courses listed (not the term taken), a “Plan of Study Course Substitution” form must be used.

Last Name: _____ First Name: _____ M. I. _____					
Rocket ID: _____ First Semester Enrolled (term/year): _____					
College: <u>Health and Human Services</u> Degree: <u>Master of Science in Occupational Health (MSOH)</u>					
Major: <u>Industrial Hygiene (IH)</u> Expected Graduation (term/year): _____					
List all graduate courses required for the degree					
Course Alphanumeric Code	Course Title	Term	Grade	# of Credit Hours	Graduate College use only
A. Required Courses. Refer to D below for transferred and/or substituted courses.					
PUBH 5020	Occupational Health			3	
PUBH 5060	Occupational Safety			3	
PUBH 5160	Environmental Health			3	
PUBH 5260	Hazardous Materials and Emergency Response			3	
PUBH 5310	Chemical Agents			3	
PUBH 5410	Hazard Control			3	
PUBH 5520	Biological Agents			3	
PUBH 5620	Physical Agents			3	
PUBH 5700	Risk Assessment			3	
PUBH 6000	Biostatistics			3	
PUBH 6010	Public Health Epidemiology			3	

PUBH 6960	Internship (required if < 1 year experience)			3	
PUBH 6970 or PUBH 6990	Scholarly Project or Thesis			4	
<b>B. Elective Courses (0 to 4 credit hours required). Refer to C below for transferred and/or substituted courses.</b>					
<b>C. Transferred and/or Substituted Core, Major and/or Elective Courses (0-12 credit hours). Attach copies of applicable college catalog descriptions or equivalent documentation.</b>					
	For				
	For				
	For				
	For				
				Program Total	
<b>D. Foundation Courses (Undergraduate Deficiencies)</b>					
Course	Title	Due Date	Completed		
	Organic Chemistry		Yes	No	
	Physics		Yes	No	
	Biology		Yes	No	
	College-level Math		Yes	No	
	Inorganic Chemistry		Yes	No	

**Additional program degree requirements (please check all that apply):**

Project  
 Thesis  
 Internship Waiver [See Attached.]  
 Internship  
 Other (please specify) \_\_\_\_\_

**Comments/Notes/Justification Regarding Transfer and/or Substituted Courses**

**General Approvals:**

_____ Student (printed or typed)	_____ Signature	_____ Date
_____ Advisor (printed or typed)	_____ Signature	_____ Date
_____ Chairman or Program Director (printed or typed)	_____ Signature	_____ Date
_____ Dean, HHS (printed or typed)	_____ Signature	_____ Date
_____ Dean, COGS (printed or typed)	_____ Signature	_____ Date