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| <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. Elective Courses (0 to 4 credit hours required). Refer to C below for transferred and/or substituted courses. | | | | | |
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| | | | | | |
| 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. | | | | | |
| | For | | | | |
| | For | | | | |
| | For | | | | |
| | For | | | | |
| | | | | Program Total | |
| D. Foundation Courses (Undergraduate Deficiencies) | | | | | |
| Course | Title | Due Date | Completed | | |
| | Organic Chemistry | | Yes | No | |
| | Physics | | Yes | No | |
| | Biology | | Yes | No | |
| | College-level Match | | Yes | No | |

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

- Project
 Internship
 Thesis
 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, Graduate College (printed or typed) | _____ Signature | _____ Date |