



Original Submission	Date:
Amended	Date:

**RETURN TO: School of Population Health**  
**Health Science Campus**  
 Collier Building 4416  
 Mail Stop 1027

## Plan of Study for the Graduate Certificate Program Occupational Health (OH)

**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 program and it constitutes an agreement that successful completion of the proposed course of study and the general certificate requirements will result in the awarding of the certificate. Each student working for a certificate is required to file a Plan of Study with the College of Graduate Studies prior to the completion of 6 credit hours. This plan must be approved by the Advisor, the Program Chair 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 an approved plan of study. According to the University of Toledo General Catalog, it is the policy that credit applied towards certificate programs must have been earned within the period of four years immediately preceding the time the certificate is awarded.

**Instructions:**

1. List all credits earned or to be earned that you would like to apply toward fulfillment of the Certificate 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 "Credits" 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 significant changes, a new "Plan of Study" should be completed. If there are minimal changes, a "Plan of Study Course Substitution" form may be used.

Last Name:		First Name:		MI:	
Rocket ID:		First Semester Enrolled (term/year):			
College: <u>Health and Human Services</u>		Certificate: <u>Occupational Health</u>			
Expected Graduation (term/year):					
List all graduate courses required for the degree					
Course Alphanumeric Code	Course Title	Term	Grade	# of Credits	Graduate College use only
PUBH 5020	Occupational Health			3	
PUBH 5310	Chemical Agents			3	
PUBH 5410	Hazard Control			3	
PUBH 5620	Physical Agents			3	
	Advised Elective				
<b>Certificate Total</b>				<b>15 credit hours</b>	

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

Other (please specify)

Other (please specify)

Meets requirements of Catalog Term/Year

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

**General Approvals:**

\_\_\_\_\_  
Student (printed or typed)                      Signature                      Date

\_\_\_\_\_  
Advisor (printed or typed)                      Signature                      Date

\_\_\_\_\_  
Program Chair (printed or typed)                      Signature                      Date

\_\_\_\_\_  
Dean, Graduate College                      Signature                      Date