MPH Concentration/Customized Program Election Form

Name: ________________________________________

Email: ________________________________________

_MPH students have the opportunity to either customize their program or elect an optional concentration._

Please check one of the following:

I elect:  □ Optional Concentration  □ Customized MPH Program

If you would like to pursue a concentration, check ONE of the following:

□ Child and Adolescent Health  □ Infectious Diseases
□ Comparative Health Systems & Policies  □ Public Health Nutrition
□ Epidemiologic & Biostatistical Methods  □ Public Health Preparedness
□ Health Leadership & Management  □ Social & Behavioral Sciences in PH
□ Humanitarian Asst: Health & Human Rights  □ Women’s and Reproductive Health
□ International focus  □ Domestic focus

Please indicate an area of interest for either the customized or concentration program to assist in advisor assignment (e.g., injury control, nutrition, law, ethics, etc.):

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

PLEASE COMPLETE AND SUBMIT THIS FORM TO THE MPH PROGRAM OFFICE (ROOM W1015) BY MONDAY, JULY 17th.