Environmental Health | Epidemiology | Global Health & Population | Nutrition | Social & Behavioral Sciences

PROSPECTIVE / FINAL PROGRAM

Name:		Harvard ID:			
Field of Study:		Advisor:	Advisor:		
Check One:	Prospective Program				
	Final Program				
Area of Specializa	tion (Major):				
Course Code	Course Title	Chan Credits	Grade	Semester/Year	
	+				
	+				
			+		
	Total	Credits: 20 Chan (16 GSAS)	Credit Minin	<u>num</u>	
Minor Field 1:	Total	Credits: <u>20 Chan (16 GSAS)</u>	Credit Minin	<u>num</u> 	
Minor Field 1:		Credits: 20 Chan (16 GSAS) Chan Credits	Credit Minin	Semester/Year	
	Course Title	Chan Credits	Grade	Semester/Year	
	Course Title		Grade	Semester/Year	
	Course Title	Chan Credits	Grade	Semester/Year	
Course Code	Course Title	Chan Credits	Grade	Semester/Year	
Course Code Minor Field 2:	Course Title Total	Chan Credits Chan Credits Credits: 10 Chan (8 GSAS) C	Grade	Semester/Year	
Course Code Minor Field 2:	Course Title Total	Chan Credits Chan Credits Credits: 10 Chan (8 GSAS) C	Grade	Semester/Year	
Course Code Minor Field 2:	Course Title Total	Chan Credits Chan Credits Credits: 10 Chan (8 GSAS) C	Grade	Semester/Year	

Total Credits: 10 Chan (8 GSAS) Credit Minimum

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Name:	Harvard ID:		
Required Courses: Please verify that you have completed the	following program requirements:		
☐PHS 2000 A / PHS 2000 B ☐EPI201 ☐EPI 202 ☐SBS 506	Ethics Requirement		
Complete this section only if this is your FINAL PROGRAM:			
Nominations for Preliminary Qualifying Examination (PQE) Co Academic Advisor:			
Nominees (Please Print):			
1. (Chair) Name:	Will Examine in:		
Title:	Signature:		
2. Name:	Will Examine in:		
Title:			
3. Name:	Will Examine in:		
Title:			
Faculty Advisor's Comments (include comments on Qualifying	g Committee in relation to the proposed research):		
Required Signatures of Approval (To be completed for the Pr	ospective and Final Programs):		
Advisor Approval	/		
Field of Study Academic Administrator	/		
PHS Action: Your Prospective / Final Program has been approved. N	Notification of approval has been sent by the PHS Program.		
PHS Program Office Approval			