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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ame: 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) Committee Academic Advisor:				
Nominees (Please Print):				
1. (Chair) Name:	Will Examine in:			
Title:	Signature:			
2. Name:	Will Examine in:			
Title:	Signature:			
3. Name:	Will Examine in:			
Title:	Signature:			
Statement of Goals and Objectives (attach an additional sheet if necessary). Note any changes from your				
approved Prospective Program:				
Faculty Advisor's Comments (include comments on Qualifying Committee in relation to the proposed research):				
Required Signatures of Approval (To be completed for the Prospective and Final Programs):				
Advisor Approval	Date Date			
Field of Study Academic Administrator	- Date			
PHS Action: ☐ Your Prospective / Final Program has been approved. Notification of approval has been sent by the PHS Program.				
PHS Program Office Approval	Date			