

Master of Science (M.S.) in Health Education and Behavior
 Department of Health Education & Behavior
 University of Florida

Student: _____ UFID: _____

Committee Chair: _____ Committee Member^{2,3}: _____

Option: **Non-Thesis¹** **Project in Lieu of Thesis²** **Thesis³**

1. Core Coursework

Course Number	Course Title	Credits	Term Taken	Grade
HSC 6037	Philosophy & Principles of Health Education	3		
HSC 6318	Planning Health Education Programs	3		
PHC 6001	Epidemiology	3		
HSC 6603	Theories of Health Education	3		
HSC 6712	Evaluating Health Education Programs	3		
HSC 6735	Research Methods in Health Education ^{2,3}	3		

2. Elective Coursework

Course Number	Course Title	Credits	Term Taken	Grade

3. Thesis or Project Coursework (Required; 6² credits, or 9³ credits)

Course Number	Course Title	Credits	Term Taken	Grade

PROGRAM APPROVAL: Your signature below indicates that you: 1) understand and accept the tentative program of study, and 2) understand that changes must be approved in advance by your Advisor, who will make the changes on this form, then initial and date the changes.

 Student Signature Date Committee Chair Date

 Graduate Coordinator Date Committee Member (If applicable) Date

Admission (Term/Year): _____ Total Credits Completed (30¹ – 36^{2,3} min): _____

Graduation (Term/Year): _____ Graduate Grade Point Average: _____

Date CHES Requirement Documented^{1,2}: _____