

**Department of Health Promotion, Education, and Behavior**  
**MASTER OF PUBLIC HEALTH (MPH) COMPREHENSIVE EXAMINATION**  
**NOTICE OF INTENT**

Student Name: \_\_\_\_\_ Last 4#: \_\_\_\_\_

Name of Faculty Advisor \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Coursework Completed:

HPEB Core Courses:	Semester & Year Completed	Grade
HPEB 700 Concepts and Methods of Health Promotion		
HPEB 701 Theoretical Foundations of Health Promotion		
HPEB 702 Planning Health Promotion Programs		
HPEB 707 Health Promotion Research Methods		
HPEB 710 Evaluation of Health Promotion Programs		
HPEB 748 Community Health Development		

List Coursework Remaining: \_\_\_\_\_

Program of Study Form (POS) Submitted to Graduate Director?      Yes      No

When do you wish to take the comprehensive exam?      December      May      20\_\_\_\_\_

Faculty Advisor Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Comments (optional):

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