

## DRPH PROGRAM

### COURSE APPROVAL FORM

*(Please provide Course Syllabus)*

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

Taught by: \_\_\_\_\_

Student requesting approval: \_\_\_\_\_

Mark the box to indicate which DrPH Core or Breadth requirement this course meets:

#### Core Requirements

- Management
- Research Design and Methods
- Public Health Ethics
- Leadership

#### Breadth Requirements

- Health Politics & Policy Analysis
- Public Health Interventions
- Environmental Health Sciences

Approved by:

\_\_\_\_\_  
DrPH Faculty

\_\_\_\_\_  
Date

\_\_\_\_\_  
DrPH Academic Head

\_\_\_\_\_  
Date