Management of Infectious Diseases

Master of Public Health

**CUMULATIVE GRADUATE STUDENT**

**ACTIVITY REPORT FOR EVALUATION OF PROGRESS**

Name:       Date:

Academic Advisor:

Check one to indicate your program of study:

MPH  MPH/PharmD

Date of entry into program:

1. Course and credit requirements. For semester, enter “F” or “Sp” or “Su” and year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Core Courses (required for all tracks)** |  | | **# credits completed to date** |
| **Semester Completed** | **Roadmap** |
| MPH 731 – Biostatistics |  | Semester 1 |  |
| MPH 704 – Leading and Managing Public Health Systems |  | Semester 1 |  |
| MPH 710 – Health Care Delivery in the U.S. |  | Semester 2 |  |
| MPH 751 – Epidemiology |  | Semester 2 |  |
| MPH 741 – Social and Behavioral Sciences in Public Health |  | Semester 3 |  |
| MPH 720 – Environmental Health for Public Health Professionals |  | Semester 4 |  |
| **Specialization Courses (required by MID track)** |  |  |  |
| MPH 735 – Principles of Infectious Disease Management I |  | Semester 1 |  |
| MPH 736 – Principles of Infectious Disease Management II |  | Semester 2 |  |
| MICR 752 – Advanced Topics in Food Safety Microbiology |  | Semester 3 |  |
| MICR 750 – Advanced Topics in Epidemiology |  | Semester 4 |  |
| **Elective Courses (6 credits from program elective list – see website)** |  |  |  |
| Elective (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | Semester 3 |  |
| Elective (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | Semester 4 |  |
|  |  |  |  |
| **Total Credits Completed** |  |  |  |

2. Other program requirements for all students. **All students complete this table.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Requirements** | **Semester Completed** | **Anticipated Completion Semester** | **Brief Description of Paper/Project** |
| MPH 794 – Practicum/Internship |  |  |  |
| * Complete background check |  |  |  |
| * Planning Meeting with Advisor |  |  |  |
| * Proposal Accepted |  |  |  |
| * Didactic Session Completed |  | Summer |  |
| * Field Work Completed |  |  |  |
| MPH 793 – Master’s Paper |  |  |  |
| * Planning Meeting with Advisor |  |  |  |
| * Paper and Oral Presentation Completed |  |  |  |

3. Recognition/outstanding student performance or Disciplinary action

**For the following sections, place current year’s information at the top within each section, but also keep prior year information.**

4. Describe specific practical public health activities/services.

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| --- | --- | --- | --- |
| Semester & Year | Activities | Supervisor | Time Involved |
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5. Attendance at national or regional professional conferences or workshops.

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| --- | --- | --- |
| Date | Title | Speaker |
|  |  |  |
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6. Cumulative record of other professional development or service (i.e., student organization membership and offices held, committees, departmental service, etc.).

7. Research projects

|  |  |  |
| --- | --- | --- |
| Title/topic | Supervisor and co-authors | Role in the project |
|  |  |  |
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8. Goals

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| --- | --- | --- |
| Goal | Deadline | Progress |
|  |  |  |
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|  |  |  |

File electronically with the MPH Program Coordinator

Keep a copy for yourself

Pharmacy Practice Department – MPH program – R2 - NDSU, Fargo, ND