

**J.D./M.P.H. in Health Services Concurrent Degree
Health Care and Population Health Research Track
Student Progress Form**

Student Name: _____ Date form completed by student: _____

Student Email: _____ Student Number: _____

Quarter & year entered:

J.D. program: _____ Law School advisor: _____

M.P.H. program: _____ M.P.H. advisor: _____

School of Law (135 credits required)

A) LAW REQUIRED COURSES (50 credits beginning Fall 2008)

Course No.	Course Title	Quarter(s) Planned	Quarter(s) Completed	Cr.
Law A501	Contracts (W)	_____	_____	7
Law A502	Civil Procedure (A,W)	_____	_____	6
Law A503	Property (A,W)	_____	_____	6
Law A504	Torts (A)	_____	_____	7
Law A505	Criminal Law (Sp)	_____	_____	5
Law A506	Basic Legal Skills (A,W,Sp)	_____	_____	6
Law A507	Constitutional Law (Sp)	_____	_____	6
Law AXXX	Comparative Intl. Law (Sp)	_____	_____	3
Law B510	Professional Responsibility <i>(taken after the first year of law school)</i>	_____	_____	4

B) LAW ELECTIVES (TOTAL 85 CREDITS)

1. Non-Law Electives (up to 15 credits) and Externship Credits

(Law Students may count *either* 15 externship credits *or* 15 non-law class credits *but only* a combined total of 20 externship/non-law credits towards the J.D. degree. Please note that up to 12 of those 15 non-law credits may be double-counted or shared for dual-degree students.)

Course No.	Course Title	Quarter(s) Planned	Quarter(s) Completed	Cr.	M.P.H. Credit? Y/N
_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	Y/N

Externship Credits (Note: May fulfill the HSERV Practicum Requirement with prior approval)

_____	_____	_____	_____	_____	Y/N
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M.P.H. in Health Services (minimum 63 credits required)

C) School of Public Health and Health Services Required Courses (22 credits)

Course No.	Course Title	Quarter(s) Planned	Quarter(s) Completed	Cr.	Satisfactory Grade
HSERV 511	Intro. to Health Services & Public Health (A)	_____	_____	_____	_____
EPI 511—Intro. To Epidemiology (A)	_____	_____	_____	_____	_____
	OR EPI 512 & 513 – Epidemiologic Methods I & II (<i>both courses are required if you choose this option</i>)				
BIOST 511 – Medical Biometry I (A or Sum)	_____	_____	_____	_____	_____
	OR BIOST 517 – Applied Biostatistics (A)				
HSERV 510 – Society and Health (Sp)	_____	_____	_____	_____	_____
HSMGMT 560 – Management Practice in Health Care & Public Health Organizations (W)	_____	_____	_____	_____	_____
ENVH 511 – Environmental and Occupational Health (W)	_____	_____	_____	_____	_____
	OR ENVH 517 – Children’s Environmental Health (Sp)				
	OR ENVH 570 – Occupational & Environmental Epidemiology (Sp)				
	OR ENVH 577 – Risk Assessment for Environmental Health Hazards (A)				
	OR ENVH 584 – Occupational and Environmental Health: Policy and Politics (W)				

D) Electives (23 credits minimum)

Course No.	Course Title	Quarter(s) Planned	Quarter(s) Completed	Cr.	Satisfactory Grade	SOL Credit?
_____	_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	_____	Y/N
_____	_____	_____	_____	_____	_____	Y/N

E) Seminars, Practicum, Thesis Credits (minimum of 18 credits)

HSERV 592 HPR Seminar (6 quarters @ 1 credit per quarter) _____

Quarter(s) Quarter(s) Credit SOL
Planned Completed Received? Credit?

HSERV 595 Master's Practicum (3 credits minimum; 6 maximum) _____ **Y/N Y/N**

(Note: The HSERV Practicum can also count as externship credits or fulfill the J.D. public service requirement with prior approval - see B.2.)

HSERV 700 Master's Thesis (9 credits minimum) _____ **Y/N**

Thesis Committee

Thesis Chair: _____

Committee Members:

Thesis presentation scheduled? **Presentation date:** _____

Initial Advisor Meeting

Comments:

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Subsequent Advisor Meeting

Comments:

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Subsequent Advisor Meeting
Comments:

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

Attach additional sheet if necessary.