

MPH

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R. E. _____	Catalog _____	File _____

PROGRAM CHANGE PROPOSAL - Form P-2

COLLEGE ☐ CHABSS ☐ CoBA ☒ CoEHHS ☐ CSM

TITLE OF PROGRAM Public Health

Discipline

Check one: ☒ Change to Program

☐ Program Deletion

TITLE OF DEGREE PROGRAM: Masters of Public Health

This form is the signature sheet for a change to, or deletion of, an existing program.

Note that the addition of a new option/concentration/emphasis/track is a new "program," and requires the use of Form P.

For a change to a program,

1. Attach a page (or pages) giving a brief summary of the purpose of this proposal, and its connection to the mission and student learning outcomes of the program.
2. Attach catalog copy showing exactly how the program should appear in the catalog if the changes are approved.

For a program deletion, attach a statement explaining the impact on students: how will the program be "taught-out" for declared majors?

Does this proposal impact other disciplines or units? Yes ☐ No ☒ If yes, obtain signature(s).
Any objections or concerns should be stated in writing and attached to this form. Please check the box to indicate whether a memo has been attached.

Discipline/Unit	Signature	Date	Support	Oppose
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1. <u>Malachi Harper</u>	9/2/16	2. <u>Immanuel I. Egburne</u>	9/2/16
Originator (Please Print)	Date	Program/ Department - Director/Chair	Date

APPROVAL PROCESS

3. <u>Jennauda</u>	<input type="checkbox"/>	2/3/2017	4. <u>Denise Gaus</u>	<input type="checkbox"/>	2-6-17
College Curriculum Committee^		Date	College Dean (or Designee)		Date

5a. <input type="checkbox"/>	Date	5b. <input type="checkbox"/>	Date
University Curriculum Committee^		Budget and Long-Range Planning Committee (if applicable)^	

6. _____	Date	7. _____	Date
Academic Senate		Provost (or Designee)	

8. _____	Date	9. _____	Date
President		Date to Chancellor's Office (if applicable)	

* Where appropriate, attach a memo on program impact on the unit and the ability of the unit to support it. Check the box next to the signature line to indicate whether a memo has been attached.

^ Where appropriate, attach a memo summarizing the curricular and/or resource deliberations. Check the box next to the signature line to indicate whether a memo has been attached.



Memorandum of Justification

To: Curriculum Committee

From: MPH Program Director

Date: 9/2/2016

Subject: Justification for Making PH 693 Internship Required for Graduation

All MPH students are required to complete a minimum of 180 hours of an applied practice experience or internship during the summer or a specific academic term. This requirement is in accordance with the Council on Education for Public Health (CEPH), the accrediting agency for public health degree programs. CEPH requires that all MPH students must demonstrate competency attainment through applied practice experiences in appropriate sites outside of academic and classroom settings. The applied practice experiences allow students to demonstrate attainment of at least five foundational competencies as well as additional foundational or concentration-specific competencies.

Applied practice experience opportunities will include performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students. Sites will include governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate CSUSM-affiliated practice-based settings primarily focused on community engagement projects or activities. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student. A portfolio will be developed by each student and will include at least two of the following products: assignments, journal entries, multimedia, presentations posters, photos or other digital artifacts of learning as approved by the faculty advisor and/or Internship Coordinator.



Emmanuel Iyegbuniwe, PhD.

Program Director

Public Health