## Plan of Study

**PBC in Worksite Wellness**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept: Public Health Education Post Baccalaureate Certificate: Worksite Wellness\_\_\_\_\_\_

 **Total Hours Required for PBC:** 9 hours

**PLAN OF STUDY**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Number | Course Title | Credit Hours | Semester/Year Taken |
| Core Courses |
| HEA 616 | Workplace Health Promotion | 3 |  |
| HEA 676 *or PBC-approved elective* | Worksite Wellness Promotion II*or PBC-approved elective* | 3 |  |
| HEA 725 | Advanced Community Health Projects | 3 |  |

**Please note:**

* These courses should be taken in the order listed above so that your advanced community health project is based on the foundation of knowledge and skills built.
* **All courses should be discussed and approved by the PBC advisor prior to taking them.**

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Approved by PBC Advisor and Graduate Program Director

PBC Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 printed name

Graduate Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 printed name