

**UNIVERSITY OF COLORADO DENVER**  
**COLORADO SCHOOL OF PUBLIC HEALTH**  
**Application for Admission to Candidacy for the DrPH Degree**

This application is to be completed by the student, recommended by the appropriate designated faculty and submitted to the CSPH no later than two (2) weeks prior to the Comprehensive Examination.

CSPH USE ONLY	
Approved _____	Card _____
Comp Exam Date _____	
Exam Results _____	Registered _____
Total Hours _____	Transfer Hours _____
Dissertation Approved __ Hours ____ Grade _____	
Thesis Defense Date _____	
Exam Results _____	Registered _____

Name as shown on University records \_\_\_\_\_  
Last First Middle  
Present mailing address \_\_\_\_\_  
Street City State Zip  
Permanent mailing address \_\_\_\_\_  
Street City State Zip  
Permanent mailing address effective date \_\_\_\_\_

Date \_\_\_\_\_  
Student No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Email \_\_\_\_\_

Focus Area of Study \_\_\_\_\_

Approximate date on which degree is to be conferred \_\_\_\_\_

Preliminary Examination Date (epi only) \_\_\_\_\_ Result \_\_\_\_\_

Dissertation Committee: Chair \_\_\_\_\_

Other members \_\_\_\_\_

\_\_\_\_\_  
Student (signature)

\_\_\_\_\_  
Student (type or print name)

**THIS SECTION SHOULD BE COMPLETED BY CSPH PROFESSIONAL PROGRAMS**

The admission of \_\_\_\_\_ to candidacy for the degree Doctor of Public Health is  
Name of Candidate

recommended by \_\_\_\_\_ upon completion of the minimum requirements of  
Academic Unit/Department

\_\_\_\_\_ semester hours. The courses listed on the reverse have been approved for use toward the degree.

\_\_\_\_\_  
Committee Chair (signature)

\_\_\_\_\_  
Committee Chair (type or print name)

\_\_\_\_\_  
DrPH Program Director (signature)

\_\_\_\_\_  
DrPH Program Director (type or print name)

**RETURN TO: CSPH Office of Academic Affairs**

APPROVED: \_\_\_\_\_  
Associate Dean

List below the studies which you are offering to apply toward your degree, including courses to be transferred\*. **Do not include deficiencies.**

\*Transfer of Credit: Transfer credits include courses formally transferred in from another university **in addition to** courses taken as a special student. Requests for transfer of credit from other universities must be made on the form specifically for this purpose and submitted to CSPH **prior** to admission to candidacy.

Credits		Course Number	Description	Semester/Year	Grade	Instructor
Total	Sub					
4	DrPH Seminar					
	1	PUBH 6842	DrPH Seminar #1			
	1	PUBH 6842	DrPH Seminar #2			
	1	PUBH 6842	DrPH Seminar #3			
	1	PUBH 6842	DrPH Seminar #4			
12	Focus Area Required Courses					
3	Leadership					
	3	CBH/EOH/EPID 7020	DrPH Seminar in Leadership			
3	Management					
	2	HSMP 6633	Mgmt of Non-Profit Organizations			
	3	HSMP 6634	Mgmt, Budgeting, PH Administration			
	3	HSMP 7605	Learning Healthcare Systems			
3	Proposal Writing					
	3	EPID 7912	Developing A Research Grant			
4	Practicum					
	4	PUBH 6850	DrPH Practicum			
6	Minor					
9	Selectives					
2	Directed Reading					
	2	CBHS/EHOH/EPID 7030	DrPH Directed Reading			
9	Dissertation					

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