Graduate Certificate Program in Emergency Management, Policy, and Planning

PLAN OF STUDY

Name (*Last, First*) _____ Date_____

Address_____

Home Phone_____Work Phone_____ Student I.D. #_____

Semester Admitted:_____email:_____

Instructions: *This form should be completed subsequent to an initial advising session with an EMPP Program faculty member. After that advising, the first step in filling out this form is to enter the semester and year you plan to take the required courses. Then consult the EMPP Program Description and Administrative Guidelines, § 2.3. to determine which three electives – either from the pre-approved lists provided there or other special topics courses – you wish to incorporate into your Plan of Study (these may be all from the same track, or represent a mixture). List these courses and when you plan to take them in the electives section of this form. Then submit to your advisor for approval.*

REQUIRED COURSES

COURSE #	COURSE TITLE	PLANNED (SEM/YR)	COMPLETED (SEM/YR)	GRADE
PAD 5650	Disaster and Emergency Management Policies			
GEOG 5230	Hazard Mitigation and Vulnerability Assessment			

ELECTIVES

COURSE #	COURSE TITLE	PLANNED (SEM/YR)	COMPLETED (SEM/YR)	GRADE
ELECTIVE TRACK (IF CHOSEN):				

INTERNSHIP **semester/year**

INTERSHIP – *(3 CREDIT HRS, IF REQUIRED)*

APPROVED:

_____ _____

FACULTY ADVISOR ***DATE*** **EMPP DIRECTOR** ***DATE***