

University of Louisville
College of Education and Human Development
Master of Education in Health Education

Name _____
 Address _____
 _____ Zip _____
 Phone # _____ Other Phone # _____
 Student ID# _____
 Email address _____
 Advisor _____

Education Advising Center
 College of Education and
 Human Development
 University of Louisville
 Louisville, KY 40292
 (502) 852-5597

COURSE PREFIX	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	TENTATIVE SEMESTER OFFERED	HOURS EARNED	GRADE EARNED
Core Curriculum (15 hours)						
HSS	675	Health Promotion and Disease Prevention at the Individual Level	3			
HSS	676	Community Health Promotion and Disease Prevention	3			
HSS	684	Program Planning in Health Education and Promotion	3			
HSS	655	Current Trends and Issues in Health and Sport Sciences	3			
HSS	631	Leadership in Health Promotion	3			
Research Methods (6 hours)						
ELFH	600	Introduction to Research Methods and Statistics	3			
HSS	604	Research Methods in Health and Sport Sciences	3			
Internship/Practicum (6 hours) – Location approved by advisor.						
HSS	692	Cooperative Internship/Practicum	6			
Electives (9 hours) – Courses approved by advisor.						
Minimum total hours:			36			

Exit Requirements: Student must also satisfactorily complete an exit exam and submit a portfolio of all Hallmark Assessments and internship materials.

- ____ Exit Exam
- ____ Portfolio
- ____ Internship
- ____ Hallmark

Program sheet Addendum Y N

THIS PROGRAM SHEET MUST BE SIGNED BY THE ADVISOR AND THE STUDENT AND SUBMITTED TO THE EDUCATION ADVISING CENTER BEFORE THE STUDENT CAN BE UNCONDITIONALLY ADMITTED TO THIS PROGRAM.

Student _____ Date _____ Advisor _____ Date _____

Copy to: EAC Student Advisor Dept.

University of Louisville
 College of Education and Human Development
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 Degree Program _____

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Required Course (course number, title, and hours)	Substitution (course number, title, and hours)

Please list courses transferred from other Colleges/Universities.

Course (course number and title)	SEMESTER HOURS	University or College

NOTES (any additional information regarding student's program)

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Advisor _____ Date _____ Student _____ Date _____

Copy to: EAC Student Advisor Dept.