Plan of Study – Graduate Certificate in Food Safety

Student Name	:	
Email:		
Anticipated Graduation:		
Major Progran	<u>n</u>	
Department of Food Science and Technology		Public Health
PhD		MPH
MS		CHE
Other:		НРМ
		VPH
Other Major:		DrPH
Required Cour	<u>ses</u>	
Completed?	Course Name Food Microbiology (FDSC 421)	Semester/Year
	Epidemiology of selected parasitic, food borne and bacterial zoonotic diseases (CEM 508) Principles of Epidemiology (PUBH 540)	
	Elective(s):	
	Date form com	npleted:
Student signature:		Date:
Department contact signature:		Date:
Notes:		