

**Center for the Study of Culture, Health and Human Development**

**Graduate Certificate in CHHD**

Plan of Study

Use the first page of the [Graduate School’s Certificate Plan of Study](http://grad.uconn.edu/wp-content/uploads/sites/1635/2015/04/planofstudycertificate1.pdf). Then you can use this CHHD Plan of Study form to fill in your courses and project.  
  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Name** | **Course Number** | **Year** | **Semester** |
| CHHD Seminar | HDFS 5020 |  |  |
| CHHD Project Seminar | HDFS 5030 |  |  |
|  |  |  |  |
| **Two Related Courses** | | | |
| **Name** | **Course Number** | **Year** | **Semester** |
|  |  |  |  |
|  |  |  |  |
| **CHHD Project Name** |  | **Year** | **Semester** |
|  |  |  |  |
| **Presented or Submitted for presentation/publication (specify):** | | | |
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Approved (date):

Sara Harkness, Ph.D., M.P.H. Charles M. Super, Ph.D.

Director, CHHD Co-Director, CHHD