

## MPH Independent Integrative Learning Experience Approval Form

*An Integrative Learning Experience (ILE) demonstrates synthesis of foundational and major competencies where the student produces a high-quality written product that is appropriate for their education and professional goals.*

### Enrollment and Completion Requirements for an Independent ILE:

1. Students should register for the appropriate ILE course and section prior to submitting this form.
2. Students planning to complete an independent ILE must meet two foundational MPH competencies and two major-specific competencies. Customized MPH students will meet two Advanced Public Health Coursework competencies.  
*A complete inventory of competencies can be found on the [CEPH Competencies](#) webpage.*
3. Only three credit hours of ILE will be applied to the MPH degree.
4. Students are required to produce a high-quality written product and submit a copy of their product at the end of the course, with a complete rubric, to the Office of Academic Affairs and Student Services. Students completing a traditional thesis must adhere to all student research requirements. See the [MPH Thesis Research Guide](#) for more information.
5. Students must register and complete a cumulative three credit hours, as required by the MPH degree.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Major: \_\_\_\_\_

### For MPH Customized Students Only:

Advanced Public Health Coursework Completed (i.e. PH 2612) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

ILE Course for Enrollment: \_\_\_\_\_ Planned Final Product: \_\_\_\_\_

### Competency Selection:

MPH Foundational Competencies 1. \_\_\_\_\_ 2. \_\_\_\_\_

Major-specific/ Advanced Public Health Competencies: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Synthesis Statement:** Identify the final product and briefly describe how the selected competencies will be synthesized into the final product. *An example synthesis statement can be found in the [MPH ILE Guide and Instructions](#).*

### Approvals

|   |   |               |
|---|---|---------------|
| _____<br>Student, Printed   | _____<br>Student, Signature                                       | _____<br>Date |
| _____<br>Advisor, Printed   | _____<br>Advisor, Signature                                       | _____<br>Date |
| _____<br>Supervising Faculty (if different from advisor), Printed | _____<br>Supervising Faculty (if different from advisor), Printed | _____<br>Date |

### For Office Use Only

|  |                |                          |
|--|----------------|--------------------------|
| _____<br>Office of Academic Affairs Representative | _____<br>Date: | Student Plan Code: _____ |
|--|----------------|--------------------------|