

Health and Social Behavior Integrative Learning Experience Declaration of Intent

Please select your ILE project option below and complete the required information and signatures.
Check one option only.

I intend to declare my ILE project to be:

Option A: Public Health Analysis

By checking this box, I declare my intent to pursue option A: Public Health Analysis and that I **must meet with the course instructor and obtain their approval** to use their course to fulfill my ILE requirement. I will enroll in one of the approved courses for HSB Capstone/ ILE Option A: Public Health Analysis AND enroll in a 1 unit 299 Independent Study with the capstone course instructor.

Fall semester courses that may be used to fulfill the capstone:

- **PB HLTH 201F Theory & Methods in Community Interventions, Ozer, Fall 2018, 3 units**
- **PB HLTH 204A Mass Communications in Public Health, Dorfman, Fall 2017, 3 units**
- **PB HLTH 220 Health Policy Decision Making Keller, Fall 2017, 3 units**
- **PB HLTH C233 Healthy Cities, Corburn, Fall 2017, 3 units**
- **PB HLTH 290 BioEthics, Obasogie Fall 1-4 units, student must enroll in 3 units**

Spring semester courses that may be used to fulfill the capstone:

- **PB HLTH 200A PH Ethics, Halpern, Spring, 3 units**
- **PB HLTH 202B Ethnic and Cultural Diversity in Health Status, Morello-Frosch, Spring, 4 units**
- **PB HLTH 204G Research Advances in Health Disparities, Herd, Spring 2018, 2-3 units, ILE student must enroll in 3 units Spring**
- **PB HLTH 214 Eat Think Design, Madsen, Spring, 3 units**
- **PB HLTH 219E Intro to Qualitative Methods, Snell-Rood, Spring, 3 units – no pre-reqs**
- **PB HLTH 255C Mental Health and Psychopathology, Ozer, Spring 2019, 3 units**
- **PB HLTH 290 Human Reproductive & Genetic Technologies, Obasogie, Spring 2018, 3 units**

Approved capstone course: _____

Course Instructor signature: _____ Date: _____

Course Instructor printed name: _____

Student signature: _____ Date: _____

Student printed name: _____

OFFICE OF HEALTH AND SOCIAL BEHAVIOR ONLY

Program Chair Signature: _____

Program Chair Printed Name: _____ Date: _____

Please submit form via email to hsbprogram@berkeley.edu or to the HSB Student Affairs Office in 207L.

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I intend to declare my ILE project to be:

Option B: Quantitative Research Project (this option not available until AY 2018-2019)

By checking this box, I declare my intent to pursue option B: Quantitative Research Project and that I must obtain written commitment form a faculty advisor who will oversee my capstone/ILE project AND I also verify that I have taken/will take the following required **coursework with a B+ or higher:**

Prerequisites for completing a quantitative ILE project:

- **PB HLTH 142: Introduction to Biostatistics (Fall, year 1)**
- **PB HLTH 250A Epidemiological Methods (Fall, year 1)**
- **PB HLTH 241 Statistical Analysis of Categorical Data (Spring, year 1)**

These are courses we have identified that students can take to satisfy the ILE if they want to do a quantitative project. Students must complete **one** of the following courses.

- **PB HLTH 251C Causal Inference and Meta-Analysis in Epidemiology (Fall, 2018)**
- **PB HLTH 290.6 Grant Writing Course (will become PB HLTH 249 in Fall, 2018)**

Capstone Advisor signature: _____ Date: _____

Capstone Advisor printed name: _____

Student signature: _____ Date: _____

Student printed name: _____

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Program Chair Signature: _____

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NOTE: OPTION C IS BY EXCEPTION ONLY

I intend to declare my ILE project to be:

Option C: Master’s Plan I Thesis (*this option is by exception only and requires faculty approval*)

By checking this box, I declare my intent to pursue option C: Master’s Plan I Thesis. I understand that I must obtain written commitment from a faculty advisor AND have identified my faculty thesis committee of three UC Berkeley Academic Senate faculty AND will complete the appropriate online Collaborative IRB Training Initiative (CITI) course and submit an Application for Candidacy for the Master’s Degree Plan I Thesis to Graduate Division by the end of the semester prior to the semester I plan to graduate AND I also verify that I have taken/will take the following Required coursework with a B+ or higher:

- **PB HLTH 142: Introduction to Biostatistics (Fall, year 1)**
- **PB HLTH 250A Epidemiological Methods (Fall, year 1)**
- **PB HLTH 203A Theories of Health and Social Behavior (Fall, year 1)**
- **PB HLTH 219E Intro to Qualitative Research Methods (Spring, year 1)**
- **PB HLTH 200A Public Health Ethics (Spring, year 1)**

Thesis Chair signature: _____ Date: _____

Thesis Chair printed name: _____

Faculty Advisor signature: _____ Date: _____

Faculty Advisor printed name: _____

Student signature: _____ Date: _____

Student printed name: _____

OFFICE OF HEALTH AND SOCIAL BEHAVIOR ONLY

Program Chair Signature: _____

Program Chair Printed Name: _____ Date: _____

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