

**M.P.H. Degree Epidemiology Major (39 credits)**

**Academic Advising and Tracking Form**

Department of Public Health-Biostatistics and Epidemiology Program  
(Requirements Apply to Students Admitted Fall 2003)

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Entered: \_\_\_\_\_

**A. Required Public Health Core (15 credits) (Substitution for 565, 601, 620 only if approved by Depts.)**

Sem/Yr Credits

- \_\_\_\_\_ ENVHL 565 Environmental Health Practices
- \_\_\_\_\_ COMHL 601 Principles of Community Health Education
- \_\_\_\_\_ COMHL 620 Principles of Public Health Practice
- \_\_\_\_\_ BIOEPI 540 Introductory Biostatistics
- \_\_\_\_\_ BIOEPI 630 Principles of Epidemiology

(If test-out passed or substitution allowed, cross out above and write name of substituted course)

**B. Required Epidemiology Core (9 credits)**

- \_\_\_\_\_ BIOEPI 632 Applied Epidemiology
- \_\_\_\_\_ BIOEPI 640 Intermediate Biostatistics
- \_\_\_\_\_ BIOEPI 796 Seminar (1 credit course/take 3 semesters)

**C. Elective Epidemiology Courses (9 credits minimum)**

\_\_\_\_\_

\_\_\_\_\_

**D. Other Elective(s) (3 credits required under Option I and 9 credits under Option II)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. Student selects Option I or Option II below (3 credits)**

Option I - Student elects to complete a M.P.H. project and oral presentation.

\_\_\_\_\_ BIOEPI 696D INDSTU-MPH PROBLEM (3 credits)

Project Advisor: \_\_\_\_\_

Second Faculty: \_\_\_\_\_

Topic: \_\_\_\_\_

Date Proposal Filed: \_\_\_\_\_ Date Presented: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Option II - Student elects three additional course credits and an oral exit examination.

Record additional courses under free electives above and \* them.

Date of Oral Review: \_\_\_\_\_ P/F \_\_\_\_\_

F. Summer Field Training Requirement (10 weeks non-credit) (Exemption possible with experience)  
Must be waived by faculty vote, and approved by Graduate Program Director:

Date completed: \_\_\_\_\_ Check here if waiver granted  
Site Supervisor: \_\_\_\_\_ Tel: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Student Report Filed: \_\_\_\_\_ (Date) Preceptor Report Filed: \_\_\_\_\_ (Date)

G. Course Credits Approved for Transfer by Graduate Program Director:  
(Total max of 12 credits - 6 max from UMass/Worc, 6 max non-degree, 6 max non-UMass school )  
(Graduate credits not used toward a degree, must carry a "B" or better grade, and relevant to Epi major)

Sem/Yr Taken	Credits	Course Name	Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. Statute of Limitations Extension: (Maximum extension 4 months under extraordinary circumstances)  
New SOL Date Reason for Extension \_\_\_\_\_ Faculty Requesting \_\_\_\_\_

I. Financial Support Record: (R.A., T.A., traineeship, if available, awarded only in first 4 semesters)

Sem/Yr.	Amount	Name of Grant or Other Source	P.I. or Dept. Funds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. Premanant Contact: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

PCN-8/03