

**M.S. Degree Epidemiology Major (45 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 (9 credits) (Substitution for 565, 601, 620 only if approved by Depts.)**

Sem/Yr Credits

- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 540 Introductory Biostatistics
- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 630 Principles of Epidemiology
- \_\_\_\_\_ \_\_\_\_\_ and one of the following courses:
- \_\_\_\_\_ \_\_\_\_\_ ENVHL 565 Environmental Health Practices
- \_\_\_\_\_ \_\_\_\_\_ COMHL 601 Principles of Community Health Education
- \_\_\_\_\_ \_\_\_\_\_ COMHL 620 Principles of Public Health Practice

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

**B. Required Epidemiology Core (21 credits)**

- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 631 Epidemiological Investigation
- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 632 Applied Epidemiology
- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 640 Intermediate Biostatistics
- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 691F Data Management
- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 737 Advanced Methods in Epidemiology
- \_\_\_\_\_ \_\_\_\_\_ BIOEPI 744 Computer Analysis
- \_\_\_\_\_ \_\_\_\_\_ BIO EPI 796 Seminar (1 credit course/take 3 semesters)

**C. Elective Epidemiology Courses (6 credits)**

\_\_\_\_\_  
\_\_\_\_\_

**D. Other Elective(s) (3 credits minimum)**

\_\_\_\_\_  
\_\_\_\_\_

**E. Master's Thesis (6 credits)**

\_\_\_\_\_ \_\_\_\_\_ BIOEPI 699 Masters Thesis

\_\_\_\_\_ \_\_\_\_\_ BIOEPI Masters Thesis

Thesis Chair: \_\_\_\_\_

Member: \_\_\_\_\_ Member: \_\_\_\_\_

Consultant Member: \_\_\_\_\_ Organiz: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

Date Proposal Filed: \_\_\_\_\_ Date Defense Held: \_\_\_\_\_ 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 of 12 credits max - 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: \_\_\_\_\_