

MPH Biostatistics 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 Biostatistics Core (15 credits)

_____ _____ BIOEPI 632 Applied Epidemiology
_____ _____ BIOEPI 640 Intermediate Biostatistics
_____ _____ BIOEPI 691F Data Management
_____ _____ BIOEPI 741 Experimental Design **OR**
_____ _____ BIOEPI 744 Computer Analysis of Health Sciences Data (**or STATIS 505**)
_____ _____ BIOEPI 796 Department Seminar (3 semesters @ 1 credit/semester)

C. Elective Biostatistics Courses (3 credits minimum)

D. Other Elective(s) (3 credits required)

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 3 additional course credits and an oral exit examination.

Record additional courses under free electives above and * them.

Date of Oral Review: _____ P/F _____

Certification of Total of Credits Toward Degree / All Degree Requirements Satisfied

Faculty Advisor

Date

F. 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 must not have been previously used for a degree, and must carry a "B" or better.)

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

G. Statute of Limitations Extension: (Maximum extension 4 months under extraordinary circumstances)

New SOL Date	Reason for Extension	Faculty Requesting
_____	_____	_____

H. 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. Advisor Contact Record: (When a MPH/MS proposal is submitted, the chair of the committee becomes the student's advisor. This record should be transferred if chair is not the former advisor.)

Advisor	Date	Nature of Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Premanant Contact: Name: _____

Address: _____