

MS Biostatistics 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 Biostatistics Core (21 credits)

_____ BIOEPI 640 Intermediate Biostatistics

_____ BIOEPI 691F Data Management

_____ BIOEPI 740 Mixed Models & Longitudinal Data

_____ BIOEPI 741 Experimental Design **or STATISTC 506**

_____ BIOEPI 744 Computer Analysis of Health Sciences Data **or STATIS 505**

_____ BIOEPI 743 Analysis of Categorical Data **OR**

BIOEPI 748 Survival Methods in Health and Science

_____ BIOEPI 796 Department Seminar (3 semesters @ 1 credit/semester)

C. Required Math Stat Courses (6 credits)

_____ STAT 515 Mathematical Statistics I

_____ STAT 516 Mathematical Statistics II

D. Elective Biostatistics Courses plus exam (9 credits) or

Elective Biostatistics Courses (3 credits) plus Master's Thesis (6 credits)

_____ BIOEPI 690F Analysis of Health Survey Data

_____ BIOEPI 690G Statistical Consulting

_____ STATIS 597F Computing with SAS

Other _____

_____ BIOEPI 699 Masters Thesis

Thesis Chair: _____ Exam Date: _____

Member: _____ Member: _____

Consultant Member: _____ Organiz: _____

Thesis Title: _____

Date Proposal Filed: _____ Date Defense Held: _____ P/F: _____

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

Faculty Advisor

Date

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

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. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Premanent Contact: Name: _____
 Address: _____