

MS Biostatistics Major (45 credits) Academic Advising and Tracking Form

Department of Public Health-Biostatistics & Epidemiology Program

(Requirements Apply to Students Admitted Fall 2004)

Name: _____ ID# _____ Entered: _____

A. Required Public Health Core (9 credits) (Substitution for 565, 601, 620 only if approved by Program)

Sem/Yr Credits

- _____ _____ Biost&Ep 540 Introductory Biostatistics
_____ _____ Biost&Ep 630 Principles of Epidemiology
and **one** of the following courses:
_____ _____ Env-Hlth 565 Environmental Health Practices
_____ _____ Com-Hlth 601 Principles of Community Health Education
_____ _____ Com-Hlth 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)

- _____ _____ Biost&Ep 640 Intermediate Biostatistics
_____ _____ Biost&Ep 691F Data Management
_____ _____ Biost&Ep 741 Experimental Design (or Statistic 506)
_____ _____ Biost&Ep 744 Computer Analysis of Health Sciences Data (or Statistic 505)
_____ _____ Biost&Ep 743 Analysis of Categorical Data **OR**
_____ _____ Biost&Ep 748 Survival Methods in Health and Science
_____ _____ Biost&Ep 740 Mixed Models & Longitudinal Data
_____ _____ Biost&Ep 796 Department Seminar (3 semesters @ 1 credit/semester)

C. Required Math Stat Courses (6 credits)

- _____ _____ Statistic 515 Mathematical Statistics I
_____ _____ Statistic 516 Mathematical Statistics II

D. Electives (Biostatistics/Stat/Epi) (3 credits minimum)

E. Student selects Option I or Option II below (6 credits)

Option I - Student elects to complete a M.S. Thesis and Defense

Biost&Ep 699 Masters Thesis (6 credits)

Thesis Advisor: _____

Second Faculty: _____

Title: _____

Date Proposal Filed: _____ Defense Date: _____ Grade: .

Option II - Student elects 2 additional courses (6 credits) and written Comprehensive Exam

(Record additional courses under electives above and * them).

Date of Comprehensive Exam: _____ 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 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. Premanant Contact: Name: _____
Address: _____

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

Faculty Advisor Date