

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