

MPH Epidemiology Major (39 credits) Academic Advising and Tracking Form

Department of Public Health- Biostatistics & Epidemiology Program
(Requirements Apply to Students Admitted Fall 2004)

Name: _____ ID# _____ Date Entered: _____

Sem/Yr Credits

A. Required Public Health Core (15 credits)

_____ _____ Env-Hlth 565 Environmental Health Practices
_____ _____ Com-Hlth 601 Principles of Community Health Education
_____ _____ Com-Hlth 620 Principles of Public Health Practice
_____ _____ Biost&Ep 540 Introductory Biostatistics
_____ _____ Biost&Ep 630 Principles of Epidemiology

(Substitutions for core courses only if approved by department; if approved, write name of substituted course above)

B. Required Epidemiology Core (9 credits)

_____ _____ Biost&Ep 632 Applied Epidemiology
_____ _____ Biost&Ep 640 Intermediate Biostatistics
_____ _____ Biost&Ep 796 Seminar (1 credit) – Semester #1
_____ _____ Biost&Ep 796 Seminar (1 credit) – Semester #2
_____ _____ Biost&Ep 796 Seminar (1 credit) – Semester #3

C. Elective Epidemiology Courses (9 credits minimum)

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

E. Student selects Option I or Option II below:

_____ Option I - Student elects three additional course credits and completes an exit examination.

Elective Course (3 credits): _____

Date of Exit Exam: _____ Pass/Fail

_____ Option II - Student elects to complete a 3-credit M.P.H. project and oral presentation.

Biost&Ep 696D INDSTU-MPH PROBLEM (3 credits)

Project Advisor: _____

Second Faculty Member: _____

Topic: _____

Date Proposal Filed: _____ Date Presented: _____ Grade: _____

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 (12 credit maximum)

No more than 6 max from UMass/Worc, 6 max non-degree, 6 max non-UMass school; Graduate credits may not have been used toward a previous degree; must carry a "B" or better grade and be 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. Advisor Contact Record:

At least one contact per semester is recommended

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

K. Permanent Contact Address:

SRS- 7/04

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

Faculty Advisor 's Signature

Date

Copies of all administrative memos related to degree requirements must be stapled to this sheet. This form, attachments, and a copy of the final transcript are filed in the departmental archives.