

M.S. Degree Epidemiology 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 Epidemiology Core (21 credits)

- _____ _____ BIOEPI 631 Epidemiological Investigation
- _____ _____ BIOEPI 632 Applied Epidemiology
- _____ _____ BIOEPI 640 Intermediate Biostatistics
- _____ _____ BIOEPI 691F Data Management
- _____ _____ BIOEPI 737 Advanced Methods in Epidemiology
- _____ _____ BIOEPI 744 Computer Analysis
- _____ _____ BIO EPI 796 Seminar (1 credit course/take 3 semesters)

C. Elective Epidemiology Courses (6 credits)

_____ _____ _____
_____ _____ _____

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

_____ _____ _____
_____ _____ _____

E. Master's Thesis (6 credits)

- _____ _____ BIOEPI 699 Masters Thesis
- _____ _____ BIOEPI Masters Thesis
- Thesis Chair: _____
- Member: _____ Member: _____
- Consultant Member: _____ Organiz: _____
- Thesis Title: _____
- Date Proposal Filed: _____ Date Defense Held: _____ 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 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: _____