

MS Epidemiology 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: _____

Sem/Yr Credits

A. Required Public Health Core (9 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

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

B. Required Epidemiology Core (21 credits)

- _____ _____ Biost&Ep 631 Epidemiological Investigation
- _____ _____ Biost&Ep 632 Applied Epidemiology
- _____ _____ Biost&Ep 640 Intermediate Biostatistics
- _____ _____ Biost&Ep 691F Data Management
- _____ _____ Biost&Ep 737 Advanced Methods in Epidemiology
- _____ _____ Biost&Ep 744 Computer Analysis
- _____ _____ 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 (6 credits)

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

E. Master's Thesis (6 credits)

- _____ _____ Biost&Ep 699 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 (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 |
|--------------|---------|-------------|-------------|
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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 |
|----------------|-------------------------------|---------------------|
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J. Advisor Contact Record:

At least one contact per semester is recommended

| Advisor | Date | Nature of Contact |
|---------|------|-------------------|
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| | | |
| | | |
| | | |

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.