

Department of Public Health: Division of Biostatistics and Epidemiology
Doctoral Studies Plan (For students entering 9/92 or later)
Biostatistics

Name: _____

Matriculation Date: _____

Master's degree (Major subject): _____

Admission credits (list course and credits)	PH core satisfied:	No	Yes	List courses
1. _____	1.	_____	_____	_____
2. _____	2.	_____	_____	_____
3. _____	3.	_____	_____	_____

MAJOR CONCENTRATION: _____ **Major advisor:** _____

Courses (#, title)	Credits	Planned (sem)	Completed (sem)	Instructor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
Total Credits:	_____ (24 required)			

MINOR CONCENTRATION: _____ **Minor advisor:** _____

Courses (#, title)	Credits	Planned (sem)	Completed (sem)	Instructor
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
Total Credits:	_____ (12 required)			

Public Health Doctoral Seminar Requirement: (PH 892) _____ _____

<u>Approved</u>	<u>Signature</u>	<u>Date</u>
Major Advisor	_____	_____
Minor Advisor	_____	_____
Chair, Aca. Policies and Curric. Committee	_____	_____

Residency: Semester # 1 _____ Semester #2 _____

Modifications of Study Plan for Major (approval by Major Advisor required)

(Course # & title)	(Course # & title)	Completed	Instructor	Approved
1. _____ Replaced _____	_____	_____	_____	_____
2. _____ by _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Modifications of Study Plan for Minor (approval by Minor Advisor required)

(Course # & title)	(Course # & title)	Completed	Instructor	Approved
1. _____ Replaced _____	_____	_____	_____	_____
2. _____ by _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

QUALIFYING EXAMINATIONS: Certification that student is ready to take qualifying exams (to be completed by June 15 for Fall or January 15 for Spring)

	<u>Signature</u>	<u>Date</u>
Major Advisor	_____	_____
Minor Advisor	_____	_____
Chair, Doctoral Studies Committee	_____	_____
	<u>Major</u>	<u>Minor</u>
Written (date and result) _____ / _____ / _____	_____	_____
Oral (date and result) _____ / _____ / _____	_____	_____
Examination report to Graduate School (date) _____ / _____ / _____		

DISSERTATION COMMITTEE nominated date: _____ / _____ / _____ Appointed date: _____ / _____ / _____

Members:	Name	Dept.	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**Dissertation defense: Notice Sent: (Date) _____ / _____ / _____
Date of Oral _____ / _____ / _____ Result _____**

**Other notes: _____
_____**

**Degree Eligibility Form Submitted to Graduate School _____ / _____ / _____ Graduation _____ / _____ / _____
Date Date**

(cc: Student, Student File, Faculty Advisor, Program Chair, Graduate Program Director)