

MS Biostatistics Major (45 credits) Academic Advising and Tracking Form

Department of Public Health-Biostatistics & Epidemiology Program

(Requirements Apply to Students Admitted Fall 2009)

Name: _____ ID# _____ Entered: _____

A. Required Public Health Core (9 credits)

Sem/Yr Credits

_____ _____ Pubhlth 540/590 Introductory Biostatistics

_____ _____ Pubhlth 630 Principles of Epidemiology

and **one** of the following courses:

_____ _____ Pubhlth 565 Environmental Health Practices

_____ _____ Pubhlth 601 Principles of Community Health Education

_____ _____ Pubhlth 620 Principles of Public Health Practice

(If test-out passed or substitution allowed, cross out above and write name of substituted course)

B. Required Biostatistics Core (21 credits)

_____ _____ Pubhlth 640 Intermediate Biostatistics

_____ _____ Pubhlth 691F Data Management

_____ _____ Pubhlth 697bcd Topics in Biostat-(Matrix Algebra, R computing, Consulting)

_____ _____ Pubhlth 744 Regression and Experimental Studies

_____ _____ Pubhlth 743/748 Analysis of Categorical Data/Applied Survival

_____ _____ Pubhlth 740 Mixed Models & Longitudinal Data

_____ _____ Pubhlth 796 Department Seminar (3 semesters @ 1 credit/semester)

C. Required Math Stat Courses (6 credits)

_____ _____ Statistic 515 Mathematical Statistics I

_____ _____ Statistic 516 Mathematical Statistics II

D. Electives (Biostatistics/Stat/Epi) (9 credits minimum *)

_____ _____

_____ _____

_____ _____

E. Comprehensive Exam *

(The comprehensive exam is given in February of the second Year)

Date of Comprehensive Exam: _____ P/F _____

* In special cases, a student may seek permission to do a 6 credit thesis in lieu of 2 courses and the comprehensive exam.

F. Summer Field Training Requirement (10 weeks non-credit) (Recommended)

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 must not have been previously used for a degree, and must carry a "B" or better.)

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: (When a MPH/MS proposal is submitted, the chair of the committee becomes the student's advisor. This record should be transferred if chair is not the former advisor.)

Advisor	Date	Nature of Contact
_____	_____	_____
_____	_____	_____

K. Permanent Contact: Name: _____

Address: _____

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

Faculty Advisor Date