

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

Department of Public Health-Biostatistics & Epidemiology Program

(Requirements Apply to Students Admitted Fall 2007)

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Entered: \_\_\_\_\_

**A. Required Public Health Core (9 credits)**

Sem/Yr Credits

\_\_\_\_\_ \_\_\_\_\_ Pubhlth 540 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, SAS computing, Consulting)

\_\_\_\_\_ \_\_\_\_\_ Pubhlth 744 Regression and Experimental Studies

\_\_\_\_\_ \_\_\_\_\_ Pubhlth 743 Analysis of Categorical Data

\_\_\_\_\_ \_\_\_\_\_ 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 April 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) (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 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