

**Doctoral Studies Plan (For Biostatistics students entering 9/2010 or later)  
School of Public Health and Health Sciences**

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. _____	_____	_____	_____	_____
<b>Total Credits:</b>	_____	<b>(24 required)</b>		

MINOR CONCENTRATION: \_\_\_\_\_ Minor advisor: \_\_\_\_\_

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

**Public Health Doctoral Seminar Requirement: (PH 892)** \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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)**