

MS Epidemiology 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: _____

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 743 Analysis of Categorical Data
- _____ _____ 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 (3 credits)

- _____ _____ Biost&Ep 699 Masters Thesis
- 1. Thesis Chair (Epi): _____
- 2. Member (Epi): _____
Member: _____
- Consultant Member: _____ Organiz: _____
- Thesis Title: _____
- Date Proposal Filed: _____ Date Defense Held: _____ P/F: _____

F. Practicum Requirement (3 credits)

_____ Biost&Ep 698 Practicum

Date completed: _____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

At least one contact per semester is recommended

Advisor	Date	Nature of Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Permanent Contact Address:

Address: _____ Email: _____

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.