

MPH Epidemiology Major (42 credits) Academic Advising and Tracking Form
Department of Public Health- Biostatistics & Epidemiology Program
(Requirements Apply to Students Admitted Fall 2010)

Name: _____ ID# _____ Date Entered: ____

Sem/Yr Credits

A. Required Public Health Core (15 credits)

_____ _____ PUBHLTH 565 Environmental Health Practices
_____ _____ PUBHLTH 601 Application of Social and Beh. Theories in Public Hlth Interventions
_____ _____ PUBHLTH 620 Introduction to the U.S. Health Care System
_____ _____ PUBHLTH 540 Introductory Biostatistics
_____ _____ PUBHLTH 630 Principles of Epidemiology

(Substitutions for core courses only if approved by department; if approved, write name of substituted course above)

B. Required Epidemiology Core (9 credits)

_____ _____ PUBHLTH 632 Applied Epidemiology
_____ _____ PUBHLTH 640 Intermediate Biostatistics
_____ _____ PUBHLTH 690B Analysis of Epidemiologic Data

C. Elective Epidemiology Courses (9 credits minimum)

D. Other Elective(s) (3 credits minimum)

E. Student selects Option I or Option II below:

_____ Option I - Student elects three additional course credits and completes an exit examination.

Elective Course (3 credits): _____

Date of Exit Exam: expected: 11/2011 Pass/Fail _____

_____ Option II - Student elects to complete a 3-credit M.P.H. project and oral presentation.

PUBHLTH 696D INDSTU-MPH PROBLEM (3 credits)

1. Project Advisor (Epi): _____

2. Faculty Member: _____

Topic: _____

Date Proposal Filed: _____ Date Presented: _____ Grade: .

F. Practicum Requirement (3 credits)

_____ PUBHLTH 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.

