

PhD Epidemiology Major (72 credits) Academic Advising and Tracking Form

Department of Public Health-Biostatistics & Epidemiology Program
(Requirements Apply to Students Admitted Fall 2011)

Name: _____ ID# _____ Entered: _____

Sem/Yr Credits

A. Required Public Health Core

- _____ _____ PUBHLTH 540 Introductory Biostatistics
- _____ _____ PUBHLTH 630 Principles of Epidemiology
- _____ _____ and one of the following courses:
- _____ _____ 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

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

B. Required Epidemiology Core (24 credits)

- _____ _____ PUBHLTH 631 Epidemiological Investigation
- _____ _____ PUBHLTH 632 Applied Epidemiology
- _____ _____ PUBHLTH 691F Data Management
- _____ _____ PUBHLTH 737 Advanced Methods in Epidemiology
- _____ _____ PUBHLTH _____
- _____ _____ PUBHLTH _____
- _____ _____ PUBHLTH _____
- _____ _____ PUBHLTH _____

C. Required Biostatistics Minor (12 credits)

- _____ _____ PUBHLTH 640 Intermediate Biostatistics
- _____ _____ PUBHLTH 690B - Analysis of Epidemiologic Data or
- _____ _____ PUBHLTH 743 Analysis of Categorical Data
- _____ _____ PUBHLTH _____
- _____ _____ PUBHLTH _____

D. Required Second Minor (12 credits) Topic: _____

- _____ _____ _____
- _____ _____ _____
- _____ _____ _____
- _____ _____ _____

E. Required Research Seminar (6 credits)

- _____ _____ PUBHLTH 892a Seminar (1 credit) – Semester #1
- _____ _____ PUBHLTH 892a Seminar (1 credit) – Semester #2
- _____ _____ PUBHLTH 892a Seminar (1 credit) – Semester #3

F. Other Elective (3 credits)

- _____ _____ _____

G Required Dissertation Credits (18 credits)

_____ PUBHLTH 899 PhD Dissertation

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1. Dissertation Chair (Epi): _____

2. Member (SPHHS): _____

3. Member (UMASS, non SPHHS): _____

Consultant Member: _____ Organiz: _____

Dissertation Title: _____

H Qualifying Examinations:

_____ Written Examination (Date and Result): Major ___/___/___ Minor ___/___/___
Examination Report to Graduate School (date) ___/___/___

_____ Oral Examination: Date Proposal Filed: ___/___/___
Date and Result of Oral Defense ___/___/___
Examination Report to Graduate School (date) ___/___/___

I. Dissertation Defense:

_____ Dissertation Defense: Date ___/___/___ P/F: _____

J. Residency Requirement (2 semesters)

Semester #1: _____ Semester #2: _____

K 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

L Statute of Limitations Extension: (Maximum extension 4 months under extraordinary circumstances)

New SOL Date	Reason for Extension	Faculty Requesting
_____	_____	_____

M Financial Support Record: (R.A., T.A., traineeship, if available, awarded only in first 8 semesters)

Sem/Yr. Amount	Name of Grant or Other Source	P.I. or Dept. Funds
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

N Advisor Contact Record:

At least one contact per semester is recommended

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

O 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.