

Biostatistics MPH (42 credits) Academic Advising and Tracking Form

Department of Biostatistics & Epidemiology-Biostatistics Program

(Requirements Apply to Students Admitted Fall 2015)

Name: _____ ID# _____ Entered: _____

A. Required Public Health Core (15 credits)

Sem/Yr Credits

_____	_____	EHS 565	Environmental Health Practices (Offered every semester)
_____	_____	HPP 601	Application of Social & Behavioral Theories in PH
_____	_____	HPP 620	Introduction to the US Health Care System (May have to do 2nd yr.)
_____	_____	BIOSTAT 540	Introductory Biostatistics, (Offered only in Fall.)
_____	_____	EPI 630	Principles of Epidemiology (Offered every semester)

(If test-out passed or substitution allowed, cross out above and write name of substituted course)

B. Required Biostatistics & Epidemiology Core (12 credits)

_____	_____	EPI 632	Applied Epidemiology
_____	_____	BIOSTATS 640	Intermediate Biostatistics <i>or</i> 690NR <i>Applied Linear Regression</i>
_____	_____	BIOSTATS 691F	Practical Data Management & Statistical Computing
_____	_____	BIOSTATS 690JQ	Applied Statistical Learning

C. Elective Biostatistics Courses (6 credits minimum)

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

E. Practicum (3 credits), **NOTE: If you do your practicum in the summer you must register thru Continuing Education.**

F. Culminating Experience (3 credits)

Option I - Student elects to complete a M.P.H. project and oral presentation.

BIOSTATS 696D INDSTU-MPH PROBLEM (3 credits)

Project

Advisor:

Second

Faculty:

Topic: _____

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

Option II - Student elects 1 additional course (3 credits) and an oral exit examination.

Record additional courses under free electives above and * them.

Date of Oral Review: _____ P/F _____

F. Course Credits Approved for Transfer by Graduate Program Director:

(Total max of 12 credits - 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

New SOL Date	Reason for Extension	Faculty Requesting
_____	_____	_____

H. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

I. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Permanent Contact: Name: _____

Address: _____

Certification of Total of Credits Toward Degree / All Degree Requirements Satisfied

_____	_____
Faculty Advisor	Date