

**MS Biostatistics Major (45 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 (9 credits)**

<u>Sem/Yr</u>	<u>Credits</u>	
_____	_____	BIOSTATS 540 Introductory Biostatistics
_____	_____	EPI 630 Principles of Epidemiology, ( <b>Offered every semester.</b> ) and <b>one</b> of the following courses:
_____	_____	EHS 565 Environmental Health Practices, ( <b>Offered every semester.</b> )
_____	_____	HPP 601 Application of Social & Behavioral Theories in Pub Hlth Interventions
_____	_____	HPP 620 Introduction to the US Health Care System ( <b>May have to take 2<sup>nd</sup> year.</b> )

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

**B. Required Biostatistics Core (15 credits)**

_____	_____	BIOSTATS 640 Intermediate Biostatistics <i>or</i> 690NR Applied Linear Regression
_____	_____	BIOSTATS 691F Data Management
_____	_____	BIOSTATS 690JQ Applied Statistical Learning
_____	_____	BIOSTATS 748/STATISTC 697c Applied Survival Analysis
_____	_____	BIOSTATS 740 Mixed Models & Longitudinal Data

**C. Required Math Stat Courses (6 credits)**

_____	_____	STATISTC 515 Mathematical Statistics I
_____	_____	STATISTC 516 Mathematical Statistics II

**D. Electives (Biostatistics/Stat/Epi or permission) (15 credits minimum \*)**

[BIOSTAT 698, Practicum is an optional elective (3 credits)].

**Note: If you are doing your practicum in the summer you must register thru Continuing Education.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. Comprehensive Exam \***

(The comprehensive exam is given in February of the second Year)

Date of Comprehensive Exam: \_\_\_\_\_ P/F \_\_\_\_\_

\* In special cases, a student may seek permission to do a 6 credit thesis in lieu of 2 courses and the comprehensive exam.

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

(Total of 12 credits max - 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