

MPH Program Plan

Biostatistics

Name: _____ UID: _____

Email: _____ Program of Study: MPH – Biostatistics

Faculty Advisor: _____ # Required Hours: 43

Admitted: _____ LAST Enrolled: _____ Expected Graduation: _____

During the first semester of enrollment, students must process all requests for waivers. Every semester, students must submit to the graduate program coordinator an advisor-approved plan for completing the MPH Program. Students and advisors should retain a copy of the plan. Students will **NOT** be cleared to register without the program plan.

**Date of Program Plan
Currently on File:**

ADVISOR: Your initials and date here indicate your approval of the coursework plan below, **and** your permission to clear for registration

Initials:
Date:

Core Courses (15 credits)

Semester	Prefix	Title	Grade	Waiver/ Substitution	Comments, Notes, Substituted Course, etc.
_____	EPIB 610	Foundations of Epidemiology (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	EPIB 650	Biostatistics I (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	HLSA 601	Introduction to Health Systems (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	HLTH 665	Health Behavior I (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	MIEH 600	Foundations of Environmental Health (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____

Cognate Courses (16 credits)

Semester	Prefix	Title	Grade	Waiver/ Substitution	Comments, Notes, Substituted Course, etc.
_____	EPIB 651	Biostatistics II (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	EPIB 652	Categorical Data Analysis (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	EPIB 653	Applied Survival Data Analysis (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	EPIB 655	Longitudinal Data Analysis (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	EPIB 697	Public Health Data Management (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	EPIB 641	Public Health and Research Ethics (1)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____

Elective Courses (6 credits)

Semester	Prefix	Title	Grade	Waiver/ Substitution	Comments, Notes, Substituted Course, etc.
_____	_____	_____	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	_____	_____	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____

Capstone Experience (6 credits)

Semester	Prefix	Title	Grade	Waiver/ Substitution	Comments, Notes, Substituted Course, etc.
_____	EPIB 785	Internship in Public Health (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____
_____	EPIB 786	Capstone Project in Public Health (3)	_____	<input type="radio"/> Waived <input type="radio"/> Substituted	_____

(Please use reverse side for notes)

