Curriculum Audit Form Epidemiology PhD

NAME: ___________________________           DATE: _______________________

Required Core Courses:
_____ PHS 451 (2 cr)  _____ PHS 652 (3 cr)  _____ PHS 806 (3 cr)
_____ PHS 551 (3 cr)  _____ PHS 797 (3 cr)  _____ PHS 820 (2 cr - must take twice)
_____ PHS 552 (3 cr)  _____ PHS 798 (3 cr)  _____ PHS 699 (no more than 6 cr)
_____ PHS 651 (3 cr)  _____ PHS 805 (3 cr)  _____ PHS 990 (no more than 11 cr)
_____ Medical Ethics: Examples: Med Hist 545 (1 cr), Med Hist 734 (1 cr), Med Hist 728 (3 cr), Nursing 802 (1 cr)

PhD Minor (Must be approved by Graduate Program Coordinator)
Minor: __________________           # credits (9 required): __________________

Specialization Courses (12 cr):
PHS 471  Introduction to Environmental Health (3 cr)
PHS 502  Air Pollution and Human Health (3 cr)
STAT 542  Clinical Trials (3 cr)
PHS 621  Introduction to Nutritional Epidemiology (2 cr)
PHS 650  Writing for Scholarly Publication (1 cr)
VetMed 675  Epidemiology & Quant. Methods for Population (1 cr)
PHS 713  HIV/AIDS Epidemiology (1 cr)
PHS 750  Cancer Epidemiology (2-3 cr)
SOC 751  Methods of Survey Research: Design & Measurement (3 cr)
SOC 752  Methods of Survey Research: Applications (3 cr)
PHS 786  Social and Behavioral Sciences in Public Health (3 cr)
PHS 791  Physical Activity Epidemiology (3 cr)
PHS 801  Epidemiology of Infectious Disease (3 cr)
PHS 847  Cardiovascular Diseases Epidemiology (1 cr)
PHS 849  Genetic Epidemiology (3 cr)
PHS 875  Cost Effectiveness Analysis in Health and Healthcare (3 cr)
PHS 888  Public Health Genomics (1 cr)
PHS 904  Analytic Methods in Genetic Epidemiology (2 cr)
PHS 904  Global Health Epidemiology (2 cr)
PHS 955  Seminar in Physical Activity Epidemiology (1 cr)

Other Elective Coursework: __________________________________________________________
___________________________________________________________________________________________

Total Credits: Completed__________    In Process______________       (65 required as minimum)
Signature of Advisor: _________________________________________________________________

(Please give copy of this completed form to the Graduate Program Office)

* This document is meant for guidance only. There is no assurance that it accurately represents the graduation requirements of the Population Health Department or the Graduate School. Please see the website or academic guide for the most recent information*

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