Epidemiology Curriculum Audit Form (MS)*

NAME: ___________________________  DATE: ______________________

Required Core Courses:

- PHS 451 (1 cr before Fall 2015, 2 cr after)
- PHS 797 (3 cr)
- PHS 820 (1 cr)
- PHS 551 (3 cr)
- PHS 798 (3 cr)
- PHS 699 (no more than 3 cr)
- PHS 552 (3 cr)
- PHS 805 (3 cr)
- PHS 990 (no more than 5 cr)
- Medical Ethics (Examples: Med Hist. 545 (1 cr), Med Hist. 728 (3 cr), Med Hist. 734 (1 cr), Nursing 802 (1 cr))

Specialization Courses: (Need 9 or more)

- 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 (2-3 cr)
- PHS 650 Section 015: Writing for Scholarly Publication (1 cr)
- PHS 650 Section 023: Public Health Genomics (1 cr)
- PHS 650 Secondary Analysis: Large Survey Data Sets for Pop. Health Research (3 cr)
- VetMed 675(sec 008) 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 875 Assessment of Medical Technologies (3 cr)
- PHS 904, Section 02, Genetic Epidemiology (2 cr)
- PHS 904 Section 03, Analytic Methods in Genetic Epidemiology (2 cr)
- PHS 904 Section 04, Global Health Epidemiology (2 cr)
- PHS 904 Section 05, Cardiovascular Diseases Epidemiology (2 cr)
- SOC 952 Causality: Mathematical and Statistical Applications in Sociology (3 cr)
- SOC 952 Event History Analysis (3 cr)
- SOC 952 Path Analysis and Structural Equation Models (3 cr)
- PHS 955 Seminar in Physical Activity Epidemiology (1 cr)
- PHS TBA History of Epidemiology (1 cr)

Other Elective Coursework: ____________________________________________
_____________________________________________________________________

Total Credits: Completed__________ In Process______________ (33 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.

**For elective courses, not all topics offered apply. Please see “Curriculum” section of website for more information on which Topics are relevant.

Rev. 7/2017