Epidemiology PhD Curriculum Audit Form

NAME: _________________________ UW ID#: _______________________ DATE: _____________

Required Core Courses:

_____ PHS 451 (2 cr) 
_____ PHS 551 (3 cr) 
_____ PHS 552 (3 cr) 
_____ PHS 651 (3 cr) 
_____ Responsible Conduct of Research (1 credit): MED HST 545 (1 cr), NURS 802 (1 cr), VET SCI/SURG 812 (2 cr), BMI 826.008 (1 cr), OBGYN 955 (1 cr), OBGYN 956 (1 cr)

_____ PHS 652 (3 cr) 
_____ PHS 797 (3 cr) 
_____ PHS 798 (3 cr) 
_____ PHS 805 (3 cr) 
_____ PHS 820 (2 cr - must take twice) 
_____ PHS 699 (no more than 6 cr) 
_____ PHS 990 (no more than 11 cr) 

_____ PHS 806 (3 cr) 
_____ PHS 790 (3 cr) 
_____ PHS 805 (3 cr) 
_____ PHS 990 (no more than 11 cr)

PhD Minor (Must be approved by Graduate Programs Coordinator)

Minor: __________________ # credits (9 required): ____________

Specialization Courses (12 cr):

PHS 621 Introduction to Nutritional Epidemiology (2 cr)
PHS 650 Special Topics in Environmental Health Epidemiology (2 cr)
PHS 650 Connections: Epidemiology Past, Present, and Future (1 cr)
PHS 713 HIV/AIDS Epidemiology (1 cr)
PHS 750 Cancer Epidemiology (2-3 cr)
PHS 789 Principles of Environmental Health (3 cr)
PHS 791 Physical Activity Epidemiology (3 cr)
PHS 801 Epidemiology of Infectious Disease (3 cr)
PHS 807 Reproductive and Perinatal Epidemiology (2 cr)
PHS 810 Global Health Epidemiology (2 cr)
PHS 847 Cardiovascular Diseases Epidemiology (1 cr)
PHS 849 Genetic Epidemiology (3 cr)
PHS 888 Public Health Genomics (1 cr)
PHS 904 Analytic Methods in Genetic Epidemiology (2 cr)
PHS 955 Seminar in Physical Activity Epidemiology (1 cr)
MM&I 603 Clinical and Public Health Microbiology (5 cr)
SOC 751 Methods of Survey Research: Design & Measurement (3 cr)
SOC 752 Methods of Survey Research: Applications (3 cr)
STAT 542 Clinical Trials (3 cr)

Other Elective Coursework: ___________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Total Credits: Completed__________ In Process______________ (60 credits minimum required)

Signature of Advisor: _________________________________________________________________

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

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

Rev. 08/2019