

**STUDENT PLAN OF STUDY**  
 College of Public Health  
 Department of Biostatistics

The Department of Biostatistics requests this information for the purpose of approving your Plan of Study. No persons outside the University are routinely provided this information, except for items of directory information such as name and local address.

Name \_\_\_\_\_ ID# \_\_\_\_\_

Date \_\_\_\_\_ Advisor \_\_\_\_\_

<u>Degrees Held:</u>	Degree	Institution	Year Granted	Major Field
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Career goals (general or specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Degree sought:            M.S. >      Ph.D. >  
 If M.S., do you intend to pursue the Ph.D. degree in this program? \_\_\_\_\_

Semester & year admitted current program: \_\_\_\_\_

Estimated date of graduation:      M.S. \_\_\_\_\_ Ph.D. \_\_\_\_\_

Courses for which **transfer** credits are requested (graduate credit awarded and requirement is satisfied)

NOTE: Only courses taken as graduate credit at another institution can be transferred.

To Fulfill What UI Bio Program Requirement?	Course Taken No. and Name	Institution	Sem. Hrs.	Grade	Year Completed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Courses for which **waivers** are requested (no credit awarded, but requirement is satisfied):

Bio requirement to be waived	Reason
_____	_____
_____	_____
_____	_____

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours


TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours


TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours


TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours


TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.

Course

Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

**SUMMER/FALL/SPRING Semester Courses:**

**Year**

Course No.	Course	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

Total semester hours of planned enrollment \_\_\_\_\_

Total semester hours of transfer credits requested \_\_\_\_\_

**GRAND TOTAL OF PLAN** \_\_\_\_\_

**Other course work in which you plan to enroll if time is available**

Course No.	Course	Sem. Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that changes to this Plan must be submitted on a Request for Change in Plan of Study form no later than 5 days after the opening of classes of the semester in which the amended Plan is to be in effect. Failure to follow this procedure may result in delay of my graduation date.

\_\_\_\_\_  
(Student's Signature)

I approve this plan.

\_\_\_\_\_  
(Advisor's Signature)

This plan, if approved, meets program requirements.

\_\_\_\_\_  
(Graduate Program Coordinator)

I approve this plan.

\_\_\_\_\_  
(Director of Graduate Studies)