

Application for Graduate Certificate Program in Biostatistics

Department of Biostatistics, College of Public Health
University of Iowa

Name (last, first name) Student ID Date

Current Campus Address

Email address Daytime Telephone Contact

Current Department Major:

Academic Advisor:

Degrees Received or Expected from Postsecondary Institutions:

Institution Major Degree/Date GPA

Institution Major Degree/Date GPA

Institution Major Degree/Date GPA

Courses Proposed for Certificate in Biostatistics

Course #	Course Title	Semester/Yr	Exclusive*	s.h.
*A minimum of 6 s.h. must be exclusive to the Certificate. Total (Minimum 15 s.h.)				

Signature of Applicant: _____

Signature of Advisor _____

Signature of DGS or DEO (Home Dept): _____

For departmental use only

Departmental Action (to be completed by Department of Biostatistics)

Approved Denied

Department of Biostatistics Authorized Signature _____ Date: _____

Certificate Course Requirements (15 s.h. total)

6 s.h. “Core” Requirement for all Certificate Students:

BIOS:4120 Introduction to Biostatistics (3 s.h.)	[Fall, Spring, Summer]
BIOS:5120 Regression & ANOVA in the Health Sciences (3 s.h.)	[Spring]

9 s.h. of Electives, chosen from the following:

BIOS:5130* Applied Categorical Data Analysis (3 s.h.)	[Fall]
BIOS:5310 Research Data Management (3 s.h.)	[Fall, Spring]
BIOS:6310 Introductory Longitudinal Data Analysis (3 s.h.)	[Fall]
BIOS:6210 Applied Survival Analysis (3 s.h.)	[Spring]
BIOS:6420 Survey Design and Analysis (3 s.h.)	[Spring even years]

Other courses in Biostatistics, as approved by the Director of Graduate Studies

* Formerly BIOS:6110

Return Completed Application to: Graduate Program Administrator
Department of Biostatistics
N334-CPHB
biostatistics@uiowa.edu