

## 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: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*

Return Completed Application to: Graduate Program Administrator  
Department of Biostatistics  
N334-CPHB  
[biostatistics@uiowa.edu](mailto:biostatistics@uiowa.edu)