# 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

Current Department Major:  
Academic Advisor:

Degrees Received or Expected from Postsecondary Institutions:

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<tr>
<th>Institution</th>
<th>Major</th>
<th>Degree/Date</th>
<th>GPA</th>
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Courses Proposed for Certificate in Biostatistics (required minimum 14 s.h.)

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<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Semester/Yr</th>
<th>Exclusive*</th>
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*A minimum of 5 s.h. must be exclusive to the Certificate.  
Total (Minimum 14 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:_________

Return Completed Application to: biostatistics@uiowa.edu  
Campus Mail: Graduate Program Administrator, Department of Biostatistics, N300-CPHB

rev. 2/8/24