

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:

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

Course #	Course Title	Semester/Yr	s.h.
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