

**UIC SCHOOL OF PUBLIC HEALTH
DOCTOR OF PHILOSOPHY (PhD)
PROGRAM PROPOSAL**



Check one: Initial Revision

UIN# NAME: Last

First

Advisor

Year & Term Matriculated to Degree Program

Complete or circle appropriate items below:

1 Division: BSTT CHSC EOHS EPID HPA

2 Student status: PART-TIME FULL-TIME

3 Prior Master's earned? Yes No Institution _____ Year _____

4 Type of Master's earned/discipline: _____

I. SPH CORE COURSES**

Course #	Title	Term/Year*	SH
EPID 403	Principles of Epidemiology		3
BSTT 400	Biostatistics I		3
BSTT 401	Biostatistics II		4

* Mark MS to indicate credit automatically transferred from MS program.

* Mark TX to indicate credit transferred from another program/institution.

Subtotal SH (non MS/TX) _____

** If applicable, approved waiver forms must be submitted with initial proposal. Waiver forms are available from your division office. Waiver of required courses does not reduce the total hours requirement. A student may need to take additional electives. Although no credit is awarded for waived courses, these courses should be listed in the appropriate section with the word "waived" in the semester hours column. Please refer to the *Student Handbook* for degree program requirements and transfer and waiver procedures.

II. EPIDEMIOLOGY REQUIRED COURSES

Course #	Title	Term/Year*	SH
EPID 406	Epidemiologic Computing		3
EPID 404	Intermediate Epidemiologic Methods		4
EPID 410	Epidemiology of Infectious Diseases		2
EPID 411	Epidemiology of Chronic Disease		3
EPID 501	Advanced Quantitative Methods in Epidemiology		3
EPID 591	Current Epidemiologic Literature		2
EPID 595	Research Seminar		1
BSTT 430 or BSTT 440	Design of Clinical Trials -or- Sampling and Estimation Methods		3

* Mark MS to indicate credit automatically transferred from MS program.

* Mark TX to indicate credit transferred from another program/institution.

Subtotal SH (non MS/TX) _____

Student's Name

III. SUBSTANTIVE AREA Identify: (substantive sections in preparation for the preliminary examination)

-Two courses totaling 4-6 semester hours of formal 500-level courses **required**

Course #	Title	Term/Year*	SH

* Mark MS to indicate credit automatically transferred from MS program.

Advisor Initials _____

* Mark TX to indicate credit transferred from another program/institution.

Subtotal SH (non MS/TX) _____

IV. SEMINARS/ELECTIVES (List only courses beyond master's degree not listed elsewhere.)

Course #	Title	Term/Year*	SH

* Mark MS to indicate credit automatically transferred from MS program.

* Mark TX to indicate credit transferred from another program/institution.

Subtotal SH (non MS/TX) _____

Advisor Initials _____

Course # _____ SH _____ Course # _____ SH _____ Course # _____ SH _____

Name of Institution: _____

Course # _____ SH _____ Course # _____ SH _____ Course # _____ SH _____

Course # _____ SH _____ Course # _____ SH _____ Course # _____ SH _____

IX. SUMMARY - Credit hour total for graduation.

PROPOSED SH

SPH CORE COURSES (I)

EPIDEMIOLOGY REQUIRED COURSES (II)

COLLATERAL AREA (III)

SEMINARS/ELECTIVES (IV)

PhD RESEARCH (V)

CREDIT FOR MASTER'S DEGREE (VI)

OTHER TRANSFER CREDIT (VII)

TOTAL SEMESTER HOURS PROPOSED
FOR GRADUATION (Minimum required: 96 shrs)

X. TEACHING EXPERIENCE

Will a teaching experience be required of this student? No Yes

Date of anticipated teaching experience _____

Description of proposed experience (Note: Program proposal must be refiled with Office of Student Affairs when this section is completed.)

XI. SIGNATURES

In signing this proposal, the student and the division acknowledge that the course of study outlined will comprise the graduation requirements for this student. A revised program proposal must be submitted to the Office of Student Affairs whenever major changes in the program of study are made (for example, a change in specialization, concentration or division).

Students using human subjects in any research must have approval from the Institutional Review Board or one of its approved committees before they begin data collection. See SPH *Student Handbook* for details.

Student _____ Date _____

Advisor _____ Date _____

Division Coordinator _____ Date _____

Division Director _____ Date _____

7/06

Advisor Initials _____