Institute for Public Health Genetics
MSGE Student Progress Form

Student Name: _____ Date form completed by student: _____

Student Email: _____ Student Number: _____

Quarter Entered Program: _____ Faculty Advisor: _____

MS in GENETIC EPIDEMIOLOGY (A minimum of 68 credits are required, 33 of which must be graded. Graded credits must include the 29 credits listed below.)

Epidemiology and Biostatistics Courses (16 Credits):

Course No.	Course Title:	Quarter Completed	Quarter Planned	Credits	Grade
EPI 512	Epidemiologic Methods I (4)	_____	_____	_____	_____
EPI 513	Epidemiologic Methods II (4)	_____	_____	_____	_____
BIOST 517	Applied Biostatistics I (4)	_____	_____	_____	_____
BIOST 518	Applied Biostatistics II (4)	_____	_____	_____	_____

Genetic Epidemiology Required Core Courses (20.5 Credits):

Course No.	Course Title:	Quarter Completed	Quarter Planned	Credits	Grade
PHG 511 / EPI 517	Genetic Epidemiology (3)	_____	_____	_____	_____
PHG 518 / EPI 518	Application of Genetic Epidemiologic Methods (4)	_____	_____	_____	_____
PHG 519	Statistical Methods in Genetic Epidemiology (3)	_____	_____	_____	_____
EPI 573	Methods and Issues in Using Biological Measurements in Epidemiologic Research (3) Note: offered every other yr	_____	_____	_____	_____

----------*Courses above must be graded*----------

PHG 512 / LAW H 504 / B H 514	Legal, Ethical, and Social Issues in PHG (3)	_____	_____	_____	_____
PHG 536 / MEBI 536 / PABIO 536	Bioinformatics and Gene Sequence Analysis (3)	_____	_____	_____	_____
GENOME 552 (Replaced MBT 510)	Technologies for Genomic Analyses (1.5)	_____	_____	_____	_____

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			Quarter Completed	Quarter Planned	Credits	Grade
Thesis (9 Credits)						
PHG 700	Master's Thesis		_____	_____	_____	_____
Electives (22.5+ Credits)						
Course No.	**Course Title:**	**Approved?**				
_____	_____	Yes / No	_____	_____	_____	_____
_____	_____	Yes / No	_____	_____	_____	_____
_____	_____	Yes / No	_____	_____	_____	_____
_____	_____	Yes / No	_____	_____	_____	_____
_____	_____	Yes / No	_____	_____	_____	_____
_____	_____	Yes / No	_____	_____	_____	_____
_____	_____	Yes / No	_____	_____	_____	_____

Total Credits: _____

Thesis Committee:

Thesis Chair: _____

Committee Members:

_____ _____

_____ _____

Advisor Comments:

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____