

**PROSPECTIVE / FINAL PROGRAM**

Name: \_\_\_\_\_

Harvard ID: \_\_\_\_\_

Major Field 1: \_\_\_\_\_

Major Field 2: \_\_\_\_\_

Minor Field 1: \_\_\_\_\_

Minor Field 2: \_\_\_\_\_

Advisor: \_\_\_\_\_

Please Check One:

Prospective Program

Final Program

Prospective/Final Program

**Major Field Title:** \_\_\_\_\_

Course Code	Course Title	Credit Units	Grade	Semester/Year

**Total Credits:** \_\_\_\_\_

**Minor Field 1 or Major Field 2:** \_\_\_\_\_

Course Code	Course Title	Credit Units	Grade	Semester/Year

**Total Credits:** \_\_\_\_\_

**Minor Field 2:** \_\_\_\_\_

Course Code	Course Title	Credit Units	Grade	Semester/Year

**Total Credits:** \_\_\_\_\_

Name: \_\_\_\_\_

Harvard ID: \_\_\_\_\_

**Required Courses:** Please indicate below the courses you have taken to fulfill the Biostatistics and Epidemiology requirements.

**EPIDEMIOLOGY:** Check one

EPI200a, Semester and Year \_\_\_\_\_

EPI201a, Semester and Year \_\_\_\_\_

**BIOSTATISTICS:** List **two intermediate level courses:**

Courses Code and Title: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Courses Code and Title: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

**Complete this section only if this is your FINAL PROGRAM:**

Nominations for Oral Qualifying Examination Committee:

Research Advisor: \_\_\_\_\_

Nominees (Please Print):

Nominee Will Examine in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Goals and Objectives (attach an additional sheet if necessary). Also note any changes from your approved Prospective Program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Faculty Advisor's Comments (include comments on Qualifying Committee in relation to the proposed research):

\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures of Approval** (To be completed for the Prospective **and** Final Programs):

\_\_\_\_\_  
Advisor Approval

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Approval

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Approval (Dual Degree Candidates Only)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**CAD Action:**

- Your Prospective Program *has been approved* by the Doctoral Subcommittee of the CAD.
- Your Prospective Program *has not been approved* by the Doctoral Subcommittee of the CAD.

Your Final Program *has been approved* by the Doctoral Subcommittee of the CAD.  
\_\_\_\_\_ has been appointed Chair of your Examining Committee.

Your Final Program *has not been approved* by the Doctoral Subcommittee of the CAD.

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctoral Subcommittee of the CAD

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date