

# LSU SCHOOL OF PUBLIC HEALTH EPIDEMIOLOGY DOCTORAL PLAN OF STUDY

## Prospective/Final Program

- The student and their advisor must complete the Plan of Study form indicating the Prospective Program no later than the beginning of the SECOND SEMESTER after admission. The completed Prospective Program form must be given to the Program Director.
- The Final Program must be submitted one month in advance of the Prospectus Defense. A signed copy of this Plan must be given to the Program Director.
- Students shall be given signed copies of the approved Plans of Study. The doctoral committee must approve any changes in the plan of study and the amended plan submitted to the Epidemiology Program.

**Student Name:**

**Major Field: Epidemiology**

**Minor Field:**

**Advisor:**

**Program Start Date:**

**Planned Graduation Date:**

**Please Choose One:**

Prospective Program

Final Program

## Prerequisite Epidemiology Program Courses

Course #	Course Name	LSU SPH Coursework			Outside or Transferred Coursework		
		Semester	Year	Grade	Course Name/ Institution	Grade	Transferred?
EPID 6210	Principles of Epidemiology						
BIOS 6100	Biostatistical Methods I						
PUBH 6216	Biologic Basis of Health*						
EPID 6211	Intermediate Epidemiology*						
EPID 6226	Epidemiologic Design & Analysis*						
BIOS 6102	Biostatistical Methods II*						

\*If these courses or their equivalent have not been taken as part of a prior master's degree they will need to be taken to fulfill the PhD requirements.

## Required Epidemiology Program Courses

Course #	Course Name	Credits	LSU SPH Coursework			Transferred Coursework	
			Semester	Year	Grade	Course Name/ Institution	Grade
EPID 7200	Advanced Epidemiologic Methods I	3					
EPID 7210	Advanced Epidemiologic methods II	3					
EPID 7350	Causal Inference for Epidemiology	3					
BIOS 6210	Categorical Data Analysis	3					
PUBH 6200	Essentials of Public Health	3					
PUBH 6221	Foundations of Public Health Ethics	1					
EPID 7410	Teaching Practicum in Epidemiology	3					
EPID 7700	Epidemiology Journal Club 1	1					
EPID 7700	Epidemiology Journal Club 2	1					
EPID 7700	Epidemiology Journal Club 3	1					

# LSU SCHOOL OF PUBLIC HEALTH EPIDEMIOLOGY DOCTORAL PLAN OF STUDY

Course #	Course Name	Credits	LSU SPH Coursework			Transferred Coursework	
			Semester	Year	Grade	Course Name/ Institution	Grade
<b>Epidemiology Content Electives<sup>1</sup> – Required Minimum of 9 Credits</b>							
<b>Epidemiology Methods Electives<sup>1</sup> - Required Minimum of 9 Credits</b>							
<b>Biostatistics Electives<sup>2</sup>– Required Minimum of 6 Credits</b>							
<b>Other Electives (From other programs or Schools at LSUHSC or elsewhere.)</b>							
<b>Minor Field Courses<sup>3</sup>– Required minimum of 12 of the 60 credits</b>							

<b>Planned Dissertation Credits – 15 credit hours need to graduate</b>						
Credits	Semester	Year		Credits	Semester	Year

- <sup>1</sup> Any substitutions require Program Director's approval  
<sup>2</sup> May count toward Minor  
<sup>3</sup> Minors do not show up on transcripts nor diplomas

**Total Major Field Credits:**

**Total Minor Credits:**

## LSU SCHOOL OF PUBLIC HEALTH EPIDEMIOLOGY DOCTORAL PLAN OF STUDY

## Primary Data Collection Experience

Description:	Semester/Year

**Epidemiology Written Comprehensive Exam Date:** \_\_\_\_\_ **Exam Grade:** \_\_\_\_\_

If prospective plan, indicate projected written exam date without grade. If final plan list exam date and grade.

<b>Oral Examination</b> - Complete this section only if this is your Final Program	
<b>Advisor:</b>	Advisor's Comments:
Oral Exam Chair:	<b>Epidemiology</b>
Committee Members:	Department/Institutional Affiliation:

Required Signatures of Plan Approval (to be completed for the Prospective and Final Programs:

---

Advisor Signature

Date \_\_\_\_\_

---

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Action:	Comments:
The Epidemiology Program <b>HAS</b> approved your Prospective / Final Program.	
The Epidemiology Program <b>HAS NOT</b> approved your Prospective / Final Program.	
_____ Director Signature	_____ Date