

University of Missouri-Kansas City  
**MASTER OF SCIENCE BIOINFORMATICS, CLINICAL RESEARCH**  
 PROGRAM OF STUDY

Students should complete this form in consultation with their faculty advisor before finishing 60% of required coursework. Please submit the completed, signed form to the Department of Biomedical and Health Informatics.

**Full Name (printed):** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Please list below courses proposed for your advanced degree program.** Note: *Over and above the undergraduate prerequisites for graduate work in the special field, the student must present at least 36 credit hours (including 6 credit hours of Research and Thesis or 3 credit hours of Capstone Experience) from courses receiving graduate credit. At least 60% of the total number of hours applicable to the degree program must be at the 500 and 600 levels.*

<b>Required Courses</b> (24 credit hours)	<b>Credit Hours</b>	<b>Semester</b>	<b>Grade</b>	<b>Notes</b> (e.g. committee approvals for: transfer courses, substitution for required course, etc.)
MEDB 5501: Biostatistics I	3			
MEDB 5502: Biostatistics II	3			
MEDB 5510: Clinical Research Methodology	3			
MEDB 5511: Principles & Applications of Epidemiology	3			
MEDB 5512: Clinical Trials	3			
MEDB 5513: Overview of Health Services Research	3			
MEDB 5520: Introduction to Medical Informatics	3			
MEDB 5561: Responsible Conduct of Research	3			
MEDB 5599: Research and Thesis	3			
MEDB 5599: Research and Thesis	3			
OR				
MEDB 5595: Capstone Experience	3			
<b>Electives</b> (6 credit hours if Thesis or 9 credit hours if Capstone)				
<b>Requirement: Thesis</b> with public, oral defense (6 credit hours) or <b>Capstone</b> with presentation and written submission (3 credit hours). Circle the option student will complete: Thesis or Capstone.				
<b>Total Credit Hours (at least 36)</b>				

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

\_\_\_\_\_  
 Advisor Signature Date

\_\_\_\_\_  
 Chair, Biomedical and Health Informatics Signature Date

\_\_\_\_\_  
 Chair, SOM Graduate Council Signature Date