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 the 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.*

Required Courses (24 credit hour, excluding Research and Thesis or Capstone, and elective hours)	Credit Hours	Semester	Grade	Notes (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 5520: Introduction to Medical Informatics	3			
MEDB 5561: Responsible Conduct of Research	3			
COMP-SCI 470: Introduction to Database Management Systems	3			
OR				
COMP-SCI 371: Database Design, Implementation, and Validation	3			
COMP-SCI 5565: Introduction to Statistical Learning	3			
BIOL 5525: Bioinformatics and Data Analysis (spring)	3			
OR				
COMP-SCI 5590NN/ECE 5316: Artificial Neural/Adaptive Systems (fall)				
OR				
COMP-SCI 5590/ECE 5590: Supervised Learning (spring)				
MEDB 5599: Research and Thesis	6			
OR				
MEDB 5595: Capstone Experience	3			
Elective Courses (6 credit-hours required if completing a thesis or 9 credit-hours required if completing a capstone.)				
Requirement: Thesis with public, oral defense (6 credit hours) OR **Capstone** with presentation and written submission (3 credit hours). <mark>Circle the option student will complete: Thesis or Capstone.</mark>				
Total Credit Hours (at least 36)				

_____ _____   _____ _____
Student Signature　　　　　　　　　　　　*Date*　　　*Advisor Signature*　　　　　　　　　　　　*Date*

_____ _____   _____ _____
Chair, Biomedical and Health Informatics Signature　　　*Date*　　　*Chair, SOM Graduate Council Signature*　　　*Date*