DEPARTMENT OF EPIDEMIOLOGY
SCHOOL OF PUBLIC HEALTH
BREADTH, INTEGRATION AND CAPSTONE (BIC)

All MPH students must sign this form, obtain your faculty advisor's signature and return it to Elvira Rivera, Student Services Coordinator (4641 SPH Tower) by September 30th. Please leave the 'Approved by' section (bottom) blank.

Student Name: ___________________________    Uniqname: ___________________________

First term enrolled: ___________________________    ID#: ___________________________    Advisor: ___________________________

Student Signature: ___________________________    Date: ___________________________

Advisor Signature: ___________________________    Date: ___________________________

**Biostatistics**, select one from the following area:

- [ ] Biostats 501
- [ ] Biostats 521
- [ ] Exemption by exam

Select one from each section below:

**Health Behavior and Health Education**

- [ ] HBHE 600
- [ ] HBHE 632
- [ ] HBHE 678
- [ ] Other [_____________________]  

**Environmental Health Sciences**

- [ ] EHS 500
- [ ] EHS 508
- [ ] EHS 550
- [ ] Other [_____________________]  

**Health Management and Policy**

- [ ] HMP 602
- [ ] HMP 653
- [ ] HMP 685
- [ ] Other [_____________________]  

Approved by the Epid Department Student Services Coordinator: ___________________________

Date: ___________________________