The Ohio State University Interdisciplinary PhD Program in Biostatistics

DECLARATION OF SPECIALIZATION

This form should be submitted to the Biostatistics Graduate Studies Chair after you have successfully completed the Qualifier I examination.

Name:	OSU Naı	ne.#	Date:
Completed by the Student:			
Qualifier I Examination Information			
Quarter/Semester Pass	sed:		
M.S. in Statistics Inform	nation		
Actual or Proposed Quarter/Semester of M.S. Graduation:			
Declaration of Degree Specialization			
I would like to declare the following specialization for my studies as a Biostatistics PhD student (circle):			
	METHODOLOGY		PUBLIC HEALTH
I understand that my chosen specialization will affect the source and availability of funding for my future Graduate Associate appointments. I agree to discuss any changes in my intended specialization with the Graduate Studies Chair or my Academic Advisor before making changes to my course schedule.			
Student's signature			
Completed by the Graduate Program: Advisor Assignment			
Advisor Assignment			
The following faculty member agrees to serve as Academic Advisor, effective immediately.			
Assigned Academic Advisor:			
	Print	name	Signature
Approved by:	aduate Studies Committee Cl		Date:
Gia	iduale Studies Committee Ci	iaiipeisoii	