



College of Public Health and Health Professions
College of Medicine
Department of Epidemiology

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Registration Form for PhD in Epidemiology Program

Name _____ UFID _____

Research Mentor(s) _____ Academic Advisor _____

Semester (Check one) ☐ Fall ☐ Spring ☐ Summer

Course Number	Section Number	Hours	If applicable, Summer A, B, or C	Course Title
Total Hours				

Date Signed _____ Student Signature _____

Date Signed _____ Academic Advisor Signature _____

Date Signed _____ Research Mentor Signature _____

Date Signed _____ Research Mentor Signature _____

Registration Date _____ Registered by (Initials) _____
_____ Checked if courses need approval from curriculum chair(s)

Outside of Department Epidemiology Elective Request

_____ Will you be taking a course(s) outside of the department that you would like to count as **Epidemiology Elective(s)**? *Disregard if taking for general elective.*

_____ Provide the outside course title, number, and number of credits that you would like to count toward **Epidemiology Electives**.

_____ Is this course similar in content to other courses we offer and if so, which course? Please provide the syllabus to this outside course.

_____ Provide an explanation (2-3 sentences) of how this course differs from our epidemiology elective offerings and why this course fits with your overall career/programmatic goals.

Date Signed _____	Curriculum Chair Signature _____
Date Signed _____	Curriculum Chair Signature _____