

APPLICATION FOR CERTIFICATE IN STATISTICAL GENETICS
UAB SCHOOL OF PUBLIC HEALTH
DEPARTMENT OF BIOSTATISTICS

Date of Request: _____

Name: _____

Any other name that the transcript could be listed under: _____

Current Mailing Address: _____

Current (uab.edu) email address: _____

This application must be accompanied by a copy of an official transcript for evaluation by the Biostatistics Certificate in Statistical Genetics Committee (CSGC).

Applicant Status (check one)

Currently Matriculated UAB Biostatistics PhD Student _____

Previously Obtained PhD in Biostatistics (or Related) _____

Doctoral Degree in Another Discipline _____

Date Received _____

(CSGC only)
Application

Approved

Denied

Are you currently a Post-Doctoral Fellow at UAB? Yes _____ No _____

Are you in either of the Following Biostatistics Sections? SSG _____ RMCT _____

If you currently a Post-Doctoral Fellow in another Department, State which Department. _____

I understand that I am responsible to see that the above transcript(s) are received by the UAB School of Public Health.

Signature of Applicant

Return this request to:

T. Mark Beasley

Room 327 Ryals Building

CHECKLIST FOR CERTIFICATE IN STATISTICAL GENETICS

Name: _____

Current Mailing Address: _____

Current (uab.edu) email address: _____

Advisor/Mentor _____

Date Doctoral Degree Awarded/Expected _____

Applicant Status (check one)

Currently Matriculated UAB Biostatistics PhD Student _____

Previously Obtained PhD in Biostatistics (or Related) _____

Doctoral Degree in Another Discipline _____

| Courses | | Enrolled | Grade |
|---------|--|----------|-------|
| BST 675 | Introduction to Statistical Genetics | _____ | _____ |
| EPI 730 | Introduction to Human Population Genetics Theory | _____ | _____ |
| BST 676 | Statistical Bioinformatics | _____ | _____ |
| BST 775 | Stat Methods for Genetic Analysis I | _____ | _____ |
| BST 776 | Stat Methods for Genetic Analysis II | _____ | _____ |

Signature of Student **Date**

Signature of Advisor/Mentor **Date**

CSGC Only
 Certificate Approved Denied
 _____ _____

Signature of CSGC Chair **Date**

