Biomedical Informatics  
MS  
Program Code: **BIO5**  Program Director: **Shankar Srinivasan**  
created on: 11/30/2018 16:32

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course#</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Core</strong></td>
<td></td>
<td><strong>Core courses total 18 credits</strong></td>
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<tr>
<td>BINF5005</td>
<td>Health Care Information Systems</td>
<td>3</td>
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<tr>
<td>BINF5020</td>
<td>MATLAB Programming for Health Informatics</td>
<td>3</td>
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<tr>
<td>BINF5100</td>
<td>Introduction to Biomedical Informatics</td>
<td>3</td>
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<tr>
<td>BINF5130</td>
<td>Controlled Medical Terminology</td>
<td>3</td>
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<tr>
<td>BINF5145</td>
<td>Disease Processes and Systems</td>
<td>3</td>
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<tr>
<td>BINF5210</td>
<td>Health Data Analytics using SAS</td>
<td>3</td>
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<tr>
<td><strong>2. Electives</strong></td>
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<td>See Program Advisor, required total of 6 credits.</td>
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<tr>
<td><strong>3. Track: Bioinformatics</strong></td>
<td></td>
<td><strong>Track I</strong></td>
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<tr>
<td>BINF5220</td>
<td>Drug Discovery Informatics &amp; Drug Design</td>
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<tr>
<td>BINF5230</td>
<td>Translational Bioinformatics: Biomarker Discovery &amp; Personalized Healthcare</td>
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<tr>
<td><strong>4. Track: Nanomedicine and Clinical Informatics</strong></td>
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<td><strong>Track II</strong></td>
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<tr>
<td>BINF5030</td>
<td>Visualization in Biomedical Sciences</td>
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<tr>
<td>BINF5075</td>
<td>Clinical Trial Data Management</td>
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<td><strong>5. Track: Consumer/Patient Care Informatics</strong></td>
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<td><strong>Track III</strong></td>
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<td>BINF5311</td>
<td>Electronic Health Records</td>
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<td>BINF5312</td>
<td>Healthcare Information Processing Using XML</td>
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<td><strong>6. Track: Hospital/Healthcare Management Informatics</strong></td>
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<td><strong>Track IV</strong></td>
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<td>BINF5115</td>
<td>Healthcare Database Management</td>
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<td>BINF5131</td>
<td>Health Care Finance</td>
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<td><strong>7. Thesis</strong></td>
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<td><strong>Directed Research/Project</strong></td>
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<td><strong>36</strong></td>
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Consult School and program policy regarding specific requirements.

**Student Name** (printed): __________________________

**Signature:**
I agree to complete these courses for graduation.

Please return signed copy to: Office of Enrollment Services, 65 Bergen street, Room #149, Newark, NJ 07107-3001

**Office use only** : Term: __________________________
Student Disclaimer:
The database of course description is updated continuously throughout the year. It may be different than your "requirements for the graduation" (RG) form you signed at the time of admissions for which you are held accountable. Please use this site as a reference source and your RG as your official contract.