**ADVANCEMENT TO CANDIDACY/APPROVED PROGRAM FORM**

**FOR THE MASTER OF SCIENCE DEGREE IN APPLIED STATISTICS**

**(MATHMS05)**

Name: Mr. or Ms. ID #:

Address:

 *Number* & *Street City State Zip*

Phone: E-Mail Address:

 *Area Code Phone Number*

Expected Semester of Graduation:

Choice: Comprehensive Exam Thesis/Project; Date GWAR Passed:

*● If a thesis or project is involved*, name of chair of thesis/project committee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 and current title of thesis or project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE COURSE TITLE UNITS SEM OF COMPLETION OR

NUMBER U.D. GRAD EXPECTED COMPLETION

1. STAT 520 Statistical Inference 3.0 Spring 2017 A

2. STAT 475 Data Analysis with SAS 3.0 Spring 2017 B

3. etc

4.

5.

6.

7.

8.

9.

10.

 TOTAL UNITS

Any modification of this program shall be made only with the approval of the department Graduate Advisor, the department Chair, and the Associate Dean of Instruction of the College.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_