

ADVANCEMENT TO CANDIDACY/APPROVED PROGRAM FORM
FOR THE MASTER OF SCIENCE DEGREE IN APPLIED STATISTICS
(MATHMS05)

Name: _____ 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 NUMBER	COURSE TITLE	UNITS		SEM OF COMPLETION OR EXPECTED COMPLETION	GRADE
		U.D	GRAD		
1.					
2.					
3.					
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: _____