

Master Degree Candidate Plan of Study

This form is to be completed by the student after consultation with his/her Faculty Advisor and filed with the Department's Graduate Advisor **prior to the third quarter of study**.

Full Name:		
Last	First	Middle
Student ID number:		
Email:	Phone:	
Date M.S. Program Started:	Date Degree Expe	ected:
M.S. Thesis (Check yes or no) Yes No		
If yes, Tentative title:		
Are you Planning for dual Master Degrees If yes, what is the other M.S.)
Are you a BS/MS student? (Check yes or no)		
Signature of Student		Date
Signature of Student's Faculty Advisor (If a	pplicable)	Date
Signature of Department Graduate Adviso	r	Date

List all Graduate Courses taken or to be taken

Applied Mather	natics Courses:			
<u>Course Number</u>	Course Title		<u>Term/Year</u>	<u>Credits</u>
Core Area Cours	ses:			
<u>Course Number</u>	<u>Course Title</u>		<u>Term/Year</u>	<u>Credits</u>
Electives:				
<u>Course Number</u>	<u>Course Title</u>		Term/Year_	<u>Credits</u>
List all perquisite Degree:	es and/or additional required	courses assigned to complet	e the requirement for the	ne M.S.
<u>Course Number</u>	<u>Course Title</u>		<u>Term/Year</u>	<u>Credits</u>

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