

Applied Mathematics – M.S. with Thesis Study Advisory Plan

AMSC Study Advisory Committee:

(Your signature indicates approval of the student's Study Advisory Plan)

- | | | | | |
|----|------|-----------|------|---------|
| 1. | | | | (Chair) |
| | Name | Signature | Date | |
| 2. | | | | |
| | Name | Signature | Date | |
| 3. | | | | |
| | Name | Signature | Date | |

AMSC Graduate Committee Approval _____ Date _____

Proposed Changes/Comments:

_____ Committee Member Not AMSC Faculty

_____ Insufficient Math Content

_____ Core Science Course(s) Not Acceptable

_____ Supporting Courses Not Appropriate

_____ Other - _____

Comments: _____
