Applied Mathematics - Ph.D. Study Advisory Plan

Name:__________________________________________ Application Area:__________________________

Courses recommended to complete AMSC course of study - 36 credits

COURSES WITH MATHEMATICAL CONTENT: 18 credits
(At least 9 credits must be at 600-800 level, 3 credits Numerical Analysis)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Title</th>
<th>Grade</th>
<th>Credits</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 1st year</td>
<td>Qual #1</td>
<td>Qual #1</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Fall 2nd year</td>
<td>Qual #2</td>
<td>Qual #2 part 2</td>
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</tr>
<tr>
<td>Spring 1st year</td>
<td>Qual #1</td>
<td>Qual #2 part 2</td>
<td></td>
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<tr>
<td>Spring 2nd year</td>
<td>Qual #4</td>
<td>Qual #4 part 2</td>
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<tr>
<td>Fall 2nd year</td>
<td>Numerical Course</td>
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</tbody>
</table>

APPLICATION COURSES: 6-9 Credits
(6 credits–600-800 level or 9 credits with at least 3 credits @ 600-800 level)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Title</th>
<th>Grade</th>
<th>Credits</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall or Spring 1st year</td>
<td>Qual #3</td>
<td>Qual #3 part 2</td>
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</table>

ELECTIVES: (3 courses/9 credits)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Title</th>
<th>Grade</th>
<th>Credits</th>
<th>Comment</th>
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</thead>
</table>

SEMINAR
(2 credits)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Title</th>
<th>Grade</th>
<th>Credits</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 1st year</td>
<td>RIT course</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2nd year</td>
<td>RIT course</td>
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</tbody>
</table>

WRITTEN EXAMS:

1. Qual 1 Summer 1st year
2. Qual 2 Summer 1st year/ Fall 2nd year
3. Qual 3 Summer 2nd year/Fall 2nd year

Course Work Based Exams:

ORAL (CANDIDACY) EXAM:

Dissertation Research: 12 Credits

NOTE: Please Attach Comments, Transfer Courses, etc.
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:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________