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

Name: __________________________ Application Area: __________________

Credits recommended to complete AMSC course of study -  31

### Applied Statistics Core Courses (6 courses/18 credits)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Title</th>
<th>Grade</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>STAT 700</td>
<td>Mathematical Statistics I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STAT 701</td>
<td>Mathematical Statistics II</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STAT 740</td>
<td>Linear Statistical Models I</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STAT 741</td>
<td>Linear Statistical Models II</td>
<td></td>
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<tr>
<td></td>
<td>STAT 705</td>
<td>Computational Statistics</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Multivariate Statistics *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* STAT 750 or BIOM 621 or BMGT 837 or EDMS 771 can be chosen to fulfill this requirement.

### Application Courses: (2 courses/6 credits)

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

Total application courses credits: __________

### Seminars and RITs: (1 course/1 credit)

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

Total Seminars and RITs credits: __________

Master Thesis: 6 Credits

NOTE: Please Attach Comments, Transfer Courses, etc.

**FINAL ORAL (M.S.) EXAM:**
Applied Statistics – M.S. with Thesis Study Advisory Plan

Study Advisory Committee:

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

1. _______________________________________________________________
   Name (AMSC Faculty – Math)   Signature   Date

2. _______________________________________________________________
   Name (AMSC Faculty – Application)   Signature   Date

3. _______________________________________________________________
   Name (Optional)   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:_____________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________