# Scientific Computation – M.S. with Thesis Study Advisory Plan

Name: ___________________________ Application Area: ______________________

## Courses recommended to complete AMSC course of study – 24 credits

### Scientific Computation Core Courses: (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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AMSC 660</td>
<td>Scientific Computing I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMSC 661</td>
<td>Scientific Computing II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AMSC 662</td>
<td>Computer Organization &amp; Programming for SC</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Core Science 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>

### Courses Supporting Application Area: (1 course/3 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>

### Electives: (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 course credits: __________

### FINAL ORAL (M.S.) EXAM:

### Thesis Research: (6 credits)

**NOTE:** Please Attach Comments, Transfer Courses, etc.
# Scientific Computation – M.S. with Thesis Study Advisory Plan

**AMSC 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:**

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________