DEPARTMENT OF MATHEMATICS

MASTER'S DEGREE

PROPOSED PROGRAM

NAME _____ **DATE** _____

UMID Number _____

List below the courses you plan to use for the Master's Degree in Mathematics.

COURSE NUMBER	CREDIT HOURS	GRADE	TERM
COGNATE			
COGNATE			

TOTAL _____

CIRCLE ONE: General Applied (Non AIM) Teaching Actuarial AIM

Do you plan to register in the next academic year? Yes No

ADVISOR: Please check whether the student has met all the requirements for the Master's Degree. **Please note that usually, a Grade of "B" or higher is required to count towards the MS Degree.** If you are waiving any requirements, please indicate your reasons for waiving the requirement on this form (you may also use the back of the form if necessary).

_____
Advisor