

MASTER'S DEGREE

PROPOSED PROGRAM

Name \_\_\_\_\_

Date \_\_\_\_\_

UMID Number \_\_\_\_\_

Uniqname: \_\_\_\_\_

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

Course Number	Credit Hours	Grade	Term and Year
COGNATE:			
COGNATE:			
<b>TOTAL:</b>			

Check One:    MS Math General                  MS Math Applied (Non AIM)                  MS Math Teaching                  MS Math Actuarial

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 Printed Name

\_\_\_\_\_   
 Advisor Signature

By signing this plan, I agree to register for the courses above, or seek approval from the advisor for any changes I wish to make.

\_\_\_\_\_   
 Student Printed Name

\_\_\_\_\_   
 Student Signature