

APPLICATION FOR CANDIDACY FOR MASTER OF SCIENCE
IN THE FIELD OF APPLIED MATHEMATICS

Students must obtain required signatures before filing application. Candidates must be registered or using filing fee in quarter in which the degree is to be awarded.

NAME Mr./Ms. _____ SID _____
Print Name as It Appears on Official Record (First, Middle, Last)

PRESENT ADDRESS _____

ADDRESS AFTER DEGREE CONFERRAL: _____ as of: _____

DEGREES RECEIVED (Dates/Institutions/Locations) _____

EXPECTED DEGREE DATE: December 20_____; March 20_____; June 20_____; August/Sept. 20_____

STUDENT SIGNATURE _____

By signing this application, I give UCR permission to publish my name and degree information in official campus Commencement publications. I do not wish to have my name and degree information published in official campus Commencement publications.

Plan II. Comprehensive Examinations (must pass two of the following):

- | | | | |
|--|-------------|---------------------------------|---------------------------------|
| Advanced Ordinary Differential Equations | Date: _____ | <input type="checkbox"/> passed | <input type="checkbox"/> failed |
| Partial Differential Equations | Date: _____ | <input type="checkbox"/> passed | <input type="checkbox"/> failed |
| Advanced Statistical Inference | Date: _____ | <input type="checkbox"/> passed | <input type="checkbox"/> failed |
| Calculus of Variations | Date: _____ | <input type="checkbox"/> passed | <input type="checkbox"/> failed |
| Combinatorial Theory | Date: _____ | <input type="checkbox"/> passed | <input type="checkbox"/> failed |
| Real Analysis | Date: _____ | <input type="checkbox"/> passed | <input type="checkbox"/> failed |
| Advanced Numerical Analysis | Date: _____ | <input type="checkbox"/> passed | <input type="checkbox"/> failed |

Do Not Write Below This Line

Residence (3qtrs) _____ GPA _____

Requirements to be Completed
Prior to Degree Conferral:

Courses Required:	<u>100</u>	<u>200</u>	<u>18</u>	Total	<u>36</u>
Courses Completed:	<u>100</u>	<u>200</u>		Total	
Courses in Progress:	<u>100</u>	<u>200</u>		Total	
To Be Completed:	<u>100</u>	<u>200</u>		Total	

Advancement Date: _____

I. Admission Deficiencies (if any were present at time of admission, please indicate how they were met): _____

Course Number	Units	Quarter Taken or to be Taken
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II. List all upper division course work (100 series) completed or to be completed which are applicable to the masters degree:

Required Courses:

- MATH 131
- MATH 132
- MATH 151A
- MATH 151B
- MATH 146A
- MATH 149A
- MATH 165A (recommended)

TOTAL _____

III. List all graduate courses (200 series) completed or to be completed in the major which are applicable to the degree. 18 graduate units required. MATH 260 may not be used without prior approval of the Mathematics Graduate Committee.

TOTAL _____

Graduate Advisor's Signature

Date