University of Colorado at Boulder
DEPARTMENT OF APPLIED MATHEMATICS
MS DEGREE AUDIT AT A GLANCE

Student Name: **SID #:** xxx-xx-xxxx

To be completed, along with a diploma card, within the first month of the semester in which graduation is anticipated.
(F = Fall and S = Spring)

__ Concurrent Degree   __ Dual Master's Degree

__ Plan I (Thesis with Defense)   __ Plan II (Non-thesis with Final Exam)

Coursework (30 Credit Hours Minimum)			
5000+ Level Courses in APPM (18+)	**Cr.**	**Sem.**	**Grade**
APPM 5600 (Numerical Anal. Part 1)			
APPM 5610 (Numerical Anal. Part 2)			

5000+ Level Courses Outside APPM	Approved	_____	
(1 Yearlong Sequence Required)	**Cr.**	**Sem.**	**Grade**

Transfer Credit Hours	**Cr.**	**Sem.**	**Grade**
(Maximum of 9 semester credit hours)			

Thesis Credit Hours	**Hours in Progress**
4-6 Hours of APPM 6950	
Total Credit Hours	

Preliminary Exams (Plan II)	**Sem.**	**Result**
(Pass or Research Pass any 1 of 4)		

Note:
If APPM 5600/5610 is not taken, the numerical preliminary exam becomes compulsory.

Candidacy Application (Graduate School deadline applies)
Submit application to GPA   Done

Diploma Card (Graduate School deadline applies)
Submit diploma card to GPA   Done

PLAN 1 (THESIS OPTION) ONLY THIS POINT FORWARD

Thesis Committee
(List chair, committee members)   Approved
                                    Department   **Chair**

Thesis Defense (^ = Graduate School deadlines apply)

Exam Date: _____		**Pass / Fail**
(Complete thesis defense checklist below)		
Set Date/Time with Committee	Done	____
Notify GPA of Date/Time	Done	____
^Provide Title/Abstract to GPA	Done	____
^Submit Report Form to GPA	Done	____
Thesis to Committee	Done	____
Set Practice Time (optional)	Done	____

Thesis Requirement (^ = Graduate School deadlines apply)

(Complete thesis checklist below)		
^Submit Exact Title to Grad School	Done	____
Unbound Original to Department	Done	____
Electronic Copy to Department	Done	____
^Electronic Copy to Grad School	Done	____
^Signature Page to Grad School	Done	____

I certify that the information provided here is correct and complete.

Student Signature _____ Date _____

I certify that I have reviewed this degree audit. Subject to the successful completion of the courses in progress, and review by the Graduate Program Chair and the Graduate School, this student will have satisfied the requirements for the Master of Science degree in Applied Mathematics.

Faculty Advisor _____ Date _____