

APPLIED MATHEMATICS DEGREE AUDIT

Student Name: _____ SID #: _____

Email: _____ Graduation Date: _____

To be completed, along with a diploma card, within the first month of the semester in which graduation is anticipated. In filling out this form, indicate the semester and year the course was or will be taken, the letter grade you received and the number of credit hours (where necessary). (T = transfer, F = fall, Su = summer, Sp = Spring and the last 2 digits of the year).

| Lower Division APPM/MATH | Cr. | Sem | Gr. | Option: (24) _____ | Cr. | Sem | Gr. |
|---------------------------------------|------------|------------|------------|--|------------|------------|------------|
| APPM 1350 or MATH 1300 | 4/5 | _____ | _____ | _____ | _____ | _____ | _____ |
| APPM 1360 or MATH 2300 | 4/5 | _____ | _____ | _____ | _____ | _____ | _____ |
| APPM 2350 or MATH 2400 | 4 | _____ | _____ | _____ | _____ | _____ | _____ |
| APPM 2360 or APPM 2380 | 4 | _____ | _____ | _____ | _____ | _____ | _____ |
| Computing | Cr. | Sem | Gr. | | | | |
| CSCI 1300 or CSCI 1310 or CHEN 1310 | 3/4 | _____ | _____ | _____ | _____ | _____ | _____ |
| Chemistry or Biology (Lec/Lab) | Cr. | Sem | Gr. | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Physics | Cr. | Sem | Gr. | Free Elective | Cr. | Sem | Gr. |
| PHYS 1110 | 4 | _____ | _____ | _____ | _____ | _____ | _____ |
| PHYS 1120 | 4 | _____ | _____ | _____ | _____ | _____ | _____ |
| PHYS 1140 | 1 | _____ | _____ | _____ | _____ | _____ | _____ |
| Upper Division APPM/MATH(24) | Cr. | Sem | Gr. | | | | |
| Approved Sequence: _____ | | | | _____ | _____ | _____ | _____ |
| APPM 3310 or MATH 3130 | 3 | _____ | _____ | _____ | _____ | _____ | _____ |
| APPM 4350 | 3 | _____ | _____ | _____ | _____ | _____ | _____ |
| APPM 4360 | 3 | _____ | _____ | _____ | _____ | _____ | _____ |
| APPM 4650 | 3 | _____ | _____ | _____ | _____ | _____ | _____ |
| APPM 4440 or MATH 3001 | 3 | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | Humanities – Social Sciences (18) | Cr. | Sem | Gr. |
| | | | | HUEN 1010 or WRTG 3030 or WRTG 3035 or HUEN 3100 | _____ | _____ | _____ |
| | | | | _____ | _____ | _____ | _____ |
| | | | | _____ | _____ | _____ | _____ |
| | | | | _____ | _____ | _____ | _____ |
| | | | | _____ | _____ | _____ | _____ |

| | | |
|--------------------------------|------------------------|---------------------|
| <i>For office use only:</i> | | |
| Total Credits completed: _____ | Cumulative GPA: _____ | MAPS: _____ |
| Credits in progress: _____ | APPM / MATH GPA: _____ | Double Major: _____ |
| | | Minor: _____ |

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 Applied Mathematics Undergraduate Committee, this student will have satisfied the requirements for the B.S. degree in Applied Mathematics

Faculty Advisor _____ Date _____