

Approved 18-Hour Program of Study for BS Applied Mathematics: General

Student Name _____ Student ID _____

Advisor _____

Date of Proposal _____

Date of Approval by the Math Department Curriculum Committee _____

The student and advisor should fill out the Courses, No. of Hours, Total Number of Hours, and Total Number of Upper Level Hours only. Then print, sign and submit to the Math Department.

Courses	No. of Hours	Grade	Quality points	Date of Completion

Total Number of Hours _____ Total QP _____

Total Number of Upper Level Hours _____ GPA _____

Signatures:

Student _____ Date _____

Advisor _____ Date _____

Committee Chair _____ Date _____