

Student Application Form  
Statistics MS Degree

THE UNIVERSITY OF TENNESSEE, KNOXVILLE  
INTERCOLLEGIATE GRADUATE STATISTICS PROGRAM

*Instructions to student:* To enroll in the program, fill out parts 1 through 7.a.iii and submit to the IGSP Chair (in the Department of Statistics, Operations, and Management Science). Fill in part 7b upon completion of the program. This form serves as the Admission to Candidacy form for the Statistics MS degree.

1. Student name \_\_\_\_\_ ID \_\_\_\_\_ Date: \_\_\_\_\_
2. Campus address \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_
3. College/Department/Program \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Degree Objectives (circle one) Master's or Doctoral Target Completion Date \_\_\_\_\_
5. Advisors: Major \_\_\_\_\_ Statistics \_\_\_\_\_  
Campus Address: \_\_\_\_\_

*Note: Graduate Committee must include IGSP faculty member from the SOMS department.*

6. Courses required for the MS degree (a minimum of 30 hours)

	Course Number and Name	When Taken	Grade		Course Number and Name	When Taken	Grade
<b>Level A</b>	_____	_____	_____		_____	_____	_____
	_____	_____	_____		_____	_____	_____
<b>Level B</b>	_____	_____	_____		_____	_____	_____
	_____	_____	_____		_____	_____	_____
<b>Level C</b>	_____	_____	_____		_____	_____	_____
	_____	_____	_____		_____	_____	_____
<b>Other</b>	_____	_____	_____		_____	_____	_____
	_____	_____	_____		_____	_____	_____

7. Approval of statistics part of degree program (*Student obtains signatures with date.*)

a. Approval of statistics program

- i. Major advisor \_\_\_\_\_ Date \_\_\_\_\_
- ii. Statistics advisor \_\_\_\_\_ Date \_\_\_\_\_
- iii. College Representative to IGSP Executive Committee  
\_\_\_\_\_ Date \_\_\_\_\_
- iv. IGSP Executive Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

*Copies to: Student, signers, home department, Graduate School* Date mailed: \_\_\_\_\_

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Student name \_\_\_\_\_ ID \_\_\_\_\_

Program \_\_\_\_\_ Degree (circle one)    Masters    Doctoral

b. Completion of requirements of statistics program

I. Completion of statistics courses

*Statistics advisor* \_\_\_\_\_ *Date* \_\_\_\_\_

II. Statistics comprehensive exam passed

*Statistics advisor* \_\_\_\_\_ *Date* \_\_\_\_\_

III. Notification of completion of statistics program

*IGSP Executive Committee Chair* \_\_\_\_\_ *Date* \_\_\_\_\_

*Copies to: Student, Graduate School, home department, major advisor, statistics advisor, IGSP College Representative, Student's IGSP file*

*Date mailed* \_\_\_\_\_

For the Graduate School

Date Approved \_\_\_\_\_

\_\_\_\_\_  
Dean of the Graduate School