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

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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: ______________________

Continued on the next page
Student Application Form
Statistics MS Degree

THE UNIVERSITY OF TENNESSEE, KNOXVILLE
INTERCOLLEGIATE GRADUATE STATISTICS PROGRAM

Page 2

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  __________________

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Dean of the Graduate School