Student Application Form
Statistics Minor
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.

1. Student name ___________________________ ID __________________ Date __________
2. Campus address ___________________________ Phone __________ E-mail __________
3. College/Dept/Program ___________________ / ___________________ / __________________
4. Degree objectives (circle one) Master’s Doctoral Target completion date __________
5. Advisors: Major ___________________________ Statistics ___________________________
   Campus address ___________________________ ___________________________

Note: Graduate committee must include IGSP faculty member. Faculty member must be from SOMS department for doctoral students.

6. Statistics courses required for the minor
   Course number and name               When taken               Grade
   Level A _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   Level B _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   Level C _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________
   _____________________________ ___________________________ __________________

7. Approvals 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
THE UNIVERSITY OF TENNESSEE, KNOXVILLE
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Student name ________________________________________ ID ______________________

Program ____________________________ Degree (circle one) Masters Doctoral

a. Completion of requirements of statistics program
   I. Completion of statistics courses
      Statistics advisor __________________________ Date ______________
   II. Statistics comprehensive exam passed (for doctoral students)
      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