



MASTER OF ARTS—IN MATHEMATICS

NAME: _____ DATE: _____ 20__

ADDRESS: _____ TELEPHONE: _____ - _____ - _____

Undergraduate Mathematics Major _____ Department's Permission _____

Requirements-30 S.H. (9 S.H. required from Group I; 15 additional S.H. from Group I, or II; and 6 additional hours from Group I, II, III; Group X items may be used for any of Groups I, II, or III, with permission of the graduate coordinator.)

SEMESTER HOURS

GROUP I: (9 Sem. Hrs.)

- MAT 505 Logic 3 S.H. _____
- MAT 507 Applied Statistics I 3 S.H. _____
- MAT 526 Numerical Analysis I 3 S.H. _____
- MAT 529 Historical Development of Mathematics 3 S.H. _____
- MAT 704 Matrix Theory and Methods 3 S.H. _____

GROUP II:

- MAT/CS 502 Structured Programming w/Math. Applications 3 S.H. _____
- MAT 508 Applied Statistics II 3 S.H. _____
- MAT 512 Modern Algebra I 3 S.H. _____
- MAT 513 Modern Algebra II 3 S.H. _____
- MAT 514 Real Analysis I 3 S.H. _____
- MAT 515 Real Analysis II 3 S.H. _____
- MAT 522 Topics in Advanced Geometry 3 S.H. _____
- MAT 527 Numerical Analysis II 3 S.H. _____
- MAT 528 Number Theory 3 S.H. _____
- MAT 540 Topics in Mathematics 3 S.H. _____
- MAT 708 Applied Mathematics 3 S.H. _____

GROUP III:

- MAD 511 Topics in Elementary School Mathematics Education 3 S.H. _____
- MAD 512 Topics in Middle School Mathematics Education 3 S.H. _____
- MAD 513 Topics in Secondary School Mathematics Education E S.H. _____

GROUP X:

- MAT 4 _____ S.H. _____
- MAT 4 _____ S.H. _____

Comprehensive Exam * _____ **OR** 0 S.H. _____

Thesis _____ 1-6S.H. _____

(Minimum Semester Hours 30) **TOTAL S.H.** _____

*I will notify my Coordinator in writing during the registration period of my intent to sit for the comprehensive during a particular semester.

A maximum of 6 S.H. may be taken at the 400 level with approval of Coordinator.
 Changes in this schedule can only be made with the Graduate Program Coordinator's approval. The admission and matriculation requirements have been explained to me and I understand my obligation to read the Graduate Catalog.

Student's Signature: _____ Date: _____ 20__

Coordinator's Signature: _____ Date: _____ 20__

8/89; 8/92, 8/96, 8/10