



WESTERN CONNECTICUT STATE UNIVERSITY  
Danbury, Connecticut  
MASTER OF ARTS—IN MATHEMATICS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ 200\_\_

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, II; and 6 additional hours from Group I, II, III)

**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:**

CS 520	Advanced Compiler Design	4 S.H.	_____
CS 522	Advanced Computer Graphics	4 S.H.	_____
CS 524	Advanced Operating Systems	4 S.H.	_____
CS 530	Database Systems and Theory	4 S.H.	_____

Minimum Semester Hours 30

Thesis \_\_\_\_\_ **OR** Comprehensive Exam: \_\_\_\_\_

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

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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: \_\_\_\_\_ 200\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 200\_\_