

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

**Master of Science in Mathematics - Applied Mathematics Emphasis
Department of Mathematics and Statistics – Master’s Contract**

Catalog Year: **2019-2020**

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ BRONCO ID# _____

PHONE _____ EMAIL _____

****Students can transfer in 9 sem. units upon departmental approval**

I. CORE COURSE

Pref	No	Title	Units	Sem/Yr	Gr
MAT	5110	Real Analysis I	4		

II. REQUIRED COURSES

MAT	5080	Num. Analysis I	3		
MAT	5450	Math. Modeling I	3		

III. ELECTIVES (16 units for thesis, 18 for comprehensive exam)

III. Elective Units:					

GRADUATE OFFICE USE ONLY

First program course taken

Semester _____ Year _____

Completion required by the end of

Semester _____ Year _____

Program received by: _____

Date: _____

Verified by Graduate Analyst:

Date: _____

At least 18 semester equivalent units must be taken at the 5000 or 6000 level.

IV. TERMINAL REQUIREMENT Thesis (take MAT 6910 and 6960, 2 units each) OR Comprehensive Exam (take MAT 6970, 2 units).

Pref	No	Title	Units	Sem/Yr	Gr	Units	Sem/Yr	Gr
MAT	6910	Directed Study	1			1		
MAT	6960	Master’s Thesis	1			1		
MAT	6970	Comp. Exam	1			1		
IV. Term. Req. Units:								

TOTAL UNITS, Parts I - IV: _____ The sum of all units must be **at least 30**.

Student’s Signature: _____ Date: _____
 Graduate Coordinator: _____ Date: _____
 Department Chair: _____ Date: _____
 College Dean: _____ Date: _____