

APPLIED MATHEMATICS B.S. DEGREE AUDIT

Student Name: _____ SID #: _____

Email: _____ Graduation Date: _____

To be completed, along with a diploma card, ~~with~~ the first month of the semester in which graduation is anticipated. In filling out this form, indicate the semester and year the course was or will be taken, the letter grade you received and the ~~number of cr~~ credits earned (where necessary).

(T = transfer F = fall, Su = summer, Sp = Spring and the last 2 digits of the year).

Lower Division APPM/MATH	Cr.	Sem	Gr.	Option: (24) _____	Cr.	Sem	Gr.
APPM 1350 or MATH 1300	4/5	_____	_____	_____	_____	_____	_____
APPM 1360 or MATH 200	4/5	_____	_____	_____	_____	_____	_____
APPM 2350 or MATH 2400	4	_____	_____	_____	_____	_____	_____
APPM 2360	4	_____	_____	_____	_____	_____	_____
Computing	Cr.	Sem	Gr.	_____	_____	_____	_____
CSCI 1300 or GEEN 1300 or APPM 2750	3/4	_____	_____	_____	_____	_____	_____
Chemistry or Biology (Lec/Lab)	Cr.	Sem	Gr.	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Physics	Cr.	Sem	Gr.	Free Elective	Cr.	Sem	Gr.
PHYS 1110	4	_____	_____	_____	_____	_____	_____
PHYS 1120	4	_____	_____	_____	_____	_____	_____
PHYS 1140	1	_____	_____	_____	_____	_____	_____
Upper Division APPM/MATH (24)	Cr.	Sem	Gr.	_____	_____	_____	_____
Approved Sequence: _____	_____	_____	_____	_____	_____	_____	_____
APPM 3310 or MATH 3130	3	_____	_____	_____	_____	_____	_____
APPM 4350	3	_____	_____	_____	_____	_____	_____
APPM 4360	3	_____	_____	_____	_____	_____	_____
APPM 4650	3	_____	_____	_____	_____	_____	_____
APPM 4440 or MATH 3001 or 3140	3	_____	_____	Humanities – Social Sciences (18)	Cr.	Sem	Gr.
_____	_____	_____	_____	WRTG 3030 or junior level writing	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

For office use only:	MAPS: _____	_____
Total Credits completed: _____	Cumulative GPA: _____	Double Major: _____
Credits in progress: _____	APPM / MATH GPA: _____	Minor: _____

I certify that the information provided here is correct and complete.

Student Signature _____ Date _____

I certify that I have reviewed this degree audit. Subject to the successful completion of the courses in progress, and review by the Applied Mathematics Undergraduate Committee, this student will have satisfied the requirements for the B.S. degree in Applied Mathematics

Faculty Advisor _____ Date _____