

ST. CLOUD STATE UNIVERSITY

MASTER OF SCIENCE PROGRAM

Major: Applied Statistics

Social Security Number _____

Name _____

Date _____

Mailing Address _____

Home Telephone _____

City State Zip

Business Telephone _____

Name of Undergraduate College or University _____

Current Position Held _____

School _____

Request transfer of the following courses: **(Official transcripts of all transfer credits which have been completed must be in the Graduate Studies Office before program can be approved.)**

Dept. and Course No.	Name of Course Transferred	College or University	Sem./Qtr. Hours	Mark	Date Taken

(Not to be filled in by applicant)

All deficiencies related to this student's admission to graduate study have been removed.
I approve the program outlined in this application.

Signature of Adviser

The program outlined in this application complies with the minimum course requirements of the university for the Fifth Year program in this major field.

Signature of Graduate Dean

Student notified: _____

PROPOSED SEMESTER PROGRAM OF STUDY

Applied Statistics

Plan A only

Dept. Number	Name of Course	Instructor	Sem./Yr.	Credits	Grade
Core (Required Courses)					
STAT 518	Advanced SAS Programming	_____	3	_____	_____
STAT 521	Regression and Analysis of Variance	_____	3	_____	_____
STAT 552	Computational Statistical Data Analysis	_____	3	_____	_____
STAT 617	Statistical Theory	_____	3	_____	_____
STAT 618	Survival Analysis	_____	3	_____	_____
STAT 619	Generalized Linear Models	_____	3	_____	_____
STAT 649	Statistical Consulting	_____	2	_____	_____
STAT 650	Statistics Seminar	_____	1	_____	_____
STAT 524	Statistical Designs for Process Improvement	_____	3	_____	_____
OR					
STAT 530	Multivariate Statistical Methods	_____	3	_____	_____
OR					
STAT 536	Applied Categorical Data Analysis	_____	3	_____	_____
STAT 620	Bayesian Data Analysis	_____	3	_____	_____
OR					
STAT 621	Design and Analysis of Experiments	_____	3	_____	_____
STAT 699	Thesis	_____	6	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Number of Credits: **Minimum 33 Credits**

Total Number of Credits in Program _____

Signature of Student

PROGRAM REQUIREMENTS:

1. Credit limitation on transfer and extension credits (combined) --10 Credits.
2. Credit limitation on Workshop -- Plan A, 4 Cr.
3. Required: one-half of the minimum requirements for the entire program must be completed in 600-level courses.