APPLIED MATHEMATICS B.S. DEGREE AUDIT

Student Name: _____ SID #:_____

Email: _____ Graduation Date:_____

To be completed, along with a diploma card, within 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 credit hours (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.
APPM 1350 or MATH 1300	4/5		
APPM 1360 or MATH 2300	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.
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	____	____
_____	___	____	____
_____	___	____	____
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_____	Tw (		

Option: (24) _____	Cr.	Sem	Gr.
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Free Elective	Cr.	Sem	Gr.
_____	___	____	____
_____	___	____	____
_____	___	____	____
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_____	___	____	____

Humanities – Social Sciences (18)	Cr.	Sem	Gr.
WRTG 3030 or junior level writing	___	____	____
_____	___	____	____
_____	___	____	____
_____	___	____	____