

PROGRAM OF STUDY

Name: _____

PRIOR ACADEMIC HISTORY				
Degree	Institution	Date	Major	Minor

DESIRED DEGREES	
MS:	PhD:
<input type="checkbox"/> Mathematical Statistics	<input type="checkbox"/> Statistics
<input type="checkbox"/> Applied Statistics	<input type="checkbox"/> Biostatistics
<input type="checkbox"/> Biostatistics	<input type="checkbox"/> IO

EXAMS (PhD)		
	Date	Passed
Qualifying		
Essay		

SUPERVISORY COMMITTEE		
Title	Typed Name	Signature
Major Professor		
College Representative		

Departmental Approval: _____

Xufeng Niu, Professor and Chairman

_____ **Date**

