

# PROGRAM OF STUDY

Name: \_\_\_\_\_

PRIOR ACADEMIC HISTORY				
Degree	Institution	Date	Major	Minor

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

