DEPARTMENT OF STATISTICS



MS Plan of Study Form

Submit this form to the Graduate Studies Chair prior to your last term of enrollment. Any subsequent modifications in this Plan of Study will require approval of the Graduate Studies Committee. Note that you must also submit the online Graduate School Application to Graduate form via <u>GRADFORMS.OSU.EDU</u> by the published deadline of the Graduate School. The Plan of Study form must be submitted prior to the Application to Graduate.

Student Name: ___

_____ OSU. #___

Core Course Requirements (25 hours)

Fill in your grade for each course completed. For courses yet to be completed, indicate the term/year you plan to take the course. If you have received approval to substitute a course, cross off the required course and fill in the substituted course information and corresponding grade.

| Course | Course Title | Grade | Course | Course Title | Grade |
|----------|-----------------------|-------|---------------|------------------------|-------|
| 6801 (4) | Statistical Theory I | | 7410 (3) | Theory Linear Model | |
| 6802 (4) | Statistical Theory II | | 6570 (2) –or– | Appl Bayesian Anly | |
| 6860 (2) | Fndtn Linear Model | | 6615 (2) | Clinical Trials | |
| 6910 (4) | Applied Statistics I | | 6750 (2) –or– | Statistical Consulting | |
| 6950 (4) | Applied Statistics II | | 7755 (2) | Biostat Collaboration | |

Elective Course Requirements (11 hours)*

| Course | Course Title | Hours | Grade |
|--------|--------------|-------|-------|
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TOTAL ELECTIVE HOURS

* Letter graded STAT courses at the 6000-level or above (excluding STAT 6030, 6040, 6060, 6193, 6194, 6201, 6301, 6302, 6410, 6450, 6740, 6750, 7193, 7194, 7755, 8010, 8193, 8194, 8895, and 8999). Up to 4 hours of STAT 8750.xx may be counted. At most 4 hours of STAT 7998 and 7999 may be counted by thesis students only. Special approval is required to substitute one course (no more than 3 credit hours) from another department.

| Plan (circle): Thesis Examination Exam/ | Result (circle): Pass Fail N/A | |
|--|--------------------------------|-------|
| Proposed Term/Year of Graduation (circle): | SU AU SP 20 | |
| Student's Signature: | | Date: |
| Advisor: | | Date: |
| Print | Sign | |
| FOR DEPARTMENT USE ONLY | | |
| All degree requirements met: Yes No | o Pending | |
| Approval: | | Date: |
| Print | Sign | |