

Department of Mathematics and Statistics
Portland State University

Plan of Study for students in the Ph.D. in Mathematical Sciences Program

Student Name: _____

Student ID: _____

Academic Year: _____

Courses

Fall:

Winter:

Spring:

Exams

Diagnostic 1:

Diagnostic 2:

Comprehensive

Area 1:

Area 2:

Area 3:

Allied Area:

Thesis Proposal

Oral Defense

Advisor (signature): _____, (Print) _____

Date: _____

Any changes in the plan must be approved by a Ph.D. advisor.

Portland State University
Department of Mathematics and Statistics
Comprehensive Examination Report

Date:

Student:

Student I.D.

Written Examination Results

Exam 1: P M F

Examiner(s) _____

Exam 2: P M F

Examiner(s) _____

Exam 3: P M F

Examiner(s) _____

Allied Area Exam: P M F

Examiner(s) _____

Advance to Oral Examination Y N

If N, Retake All Written Retake Written Exam _____ Drop from Program

Oral Examination Results

Pass- Advance to Ph.D. Candidacy

Fail- Retake All Exams Retake Written Exam(s) Retake Oral Drop from Program

Signatures:

Chair: _____

Examiner 1 _____

Examiner 2 _____

Examiner 3 _____

Examiner 4 _____

Ph.D. in Mathematical Sciences

Language Requirement

The student _____ has fulfilled the language requirement in _____ .

Examiner's signature: _____

Examiner's name (Please print): _____

Date: _____

Please obtain the GO-16D form directly from the Graduate Studies Office website.

GO-16D. Appointment of Doctoral Dissertation committee.

<http://www.gsr.pdx.edu/forms/go-16d.pdf>