Advancement to Candidacy Form for Masters' or Specialists' Degree Programs

College of Graduate Studies • Office of the Dean • Middle Tennessee State University

MIDDLE TENNESSEE STATE UNIVERSITY

1. A copy of your candidacy form should be submitted to the College of Graduate Studies according to your program's curricular requirements.
2. Please list course number & department, course title, and semester hours of credit as indicated below.
3. Secure the signatures of the appropriate persons and submit the signed form to the College of Graduate Studies, Room 114, Cope Building.

Name: ______________________ **Student Identification #** ______________________ **Date:** ______________

Address: ____ **Telephone #** ______________________

Degree: M.S. **Major:** Professional Science **Concentration:** Biostatistics

If applicable: Minor: ______________________ **Specialization:** ______________________

Course ID # (including Prefix)	**Course Title**	**Sem. Hours**	**Grade**	***IF APPLICABLE:*** *Transfer Credit Taken Prior to Attending MTSU* **Transfer Institution**	**Substitute for MTSU Course#**	Dept. Approval for Transfer Credit
	Core Courses (15 hours required)					
STAT 5140	Probabilistic and Statistical Reasoning	3				
ACTG 6100	Accounting & Legal Issues for Managers	3				
MGMT 6740	Leadership and Motivation	3				
BCEN 6820	Managerial Communication	3				
BCEN 6910	Internship Program	3				
	Required for Biostatistics Concentration:					
STAT 6020	Introduction to Biostatistics	3				
STAT 6160	Statistics	3				
STAT 6180	Statistical Inference	3				
STAT 6510	Biostatistical Methods	3				
STAT 6520	Advanced Biostatistical Methods	3				
	Select 2 courses from the following 3-credit hour courses:					
STAT 6602	Problems in Statistics- Regression Analysis					
STAT 6603	Problems in Statistics- Nonparametric Statistics					
STAT 6604	Problems in Statistics- Experimental Design					
STAT 6605	Problems in Statistics- SAS Programming					

	Language Research Tools (if relevant)					

______________________________________ Date: ________
Signature of Candidate

I certify the above degree plan ______________________ Date:________
Signature of Graduate Advisor

This individual holds a professional license, or licensure requirements will be met by the above courses, if applicable.

______________________________________ Date________
Signature of Teacher Licensing Analyst

______________________________________ Date________
Signature of Dean, College of Graduate Studies or Graduate Analyst

If Applicable:

______________________ Date: __________
Signature of Minor Advisor

MST & MAT Students, only:

______________________ Date: __________
Signature of Chair of
Educational Leadership Department or
Elementary Education Department